

OFFICIAL DOCUMENT REQUEST FORM

INDENTIFICATION OF STUDENT	
Surname:	First name:
Date of birth:	Permanent code:
Name and surname of parent 1:	
Name and surname of parent 2:	
Address:	
Town/City:	Postal code:
Cell phone number:	Email address:

DOCUMENTS REQUESTED	
Report card <input type="checkbox"/>	Indicate level(s):
Other document(s) (please specify):	
Name of school related to the request:	
Town/City:	
Signature:	Date:
Photocopy of ONE proof of identity: Driver's licence <input type="checkbox"/> Health card <input type="checkbox"/> Passport <input type="checkbox"/>	

TRANSMISSION DES DOCUMENTS	
<input type="checkbox"/> Send the documents by email	<input type="checkbox"/> Send the document with Canada Post
<input type="checkbox"/> Pick up the document in person (ID required)	
Comments:	

SEND REQUEST TO: sg@cssdulittoral.gouv.qc.ca