



# Request for Official Transcript/Diploma

High School Certification Office  
P.O. Box 8700  
St. John's, NL A1B 4J6

Telephone: 1-709-729-7925  
Fax: 1-709-729-0611

Email: [highschooltranscript@gov.nl.ca](mailto:highschooltranscript@gov.nl.ca)

**Privacy Notice:** The personal information collected on this form is collected under the authority of subsection 61(c) of the *Access to Information and Protection of Privacy Act, 2015* (ATIPPA, 2015) and is used for processing, handling and issuance of the appropriate official transcripts in accordance with the information supplied on this form. Personal information collected on this form is protected by ATIPPA, 2015. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education and Early Childhood Development at 709-729-6281.

If you have questions pertaining to the completion of this form or processing times, please call (709) 729-7925. Any other questions or comments may be directed to the Manager, High School Certification, P.O. Box 8700, St. John's, NL, A1B 4J6.

Full Legal Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Last Grade or Level Completed: \_\_\_\_\_ Last High School Attended: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Address When Last Attended School: \_\_\_\_\_

Requesting:  High School Transcript  High School Diploma  GED Transcript  GED Certificate

**Mail Transcript/Diploma to:**  Same as Current Address Above

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE PROVIDE **COMPLETE** MAILING ADDRESS, INCLUDING POSTAL CODE.  
If you require extra copies sent to other than the above, please supply a list.

**Fax Transcript:**

Attention to: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Email Transcript:**

Email Address: \_\_\_\_\_

**Student Authorization:** I acknowledge the Department of Education and Early Childhood Development (EECD), Government of Newfoundland and Labrador, has authority to collect the general information contained in this form and the Department of EECD to disclose my transcript information to the destinations listed above in accordance with the instructions I have provided. I understand that this request will be processed only if signed by the student/former student or an authorized person, with written consent of the student/former student. Your typed name will be accepted as a written signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Please ensure your form is signed before submitting it via fax, mail or email using the contact information at the top of this form. For email requests, you will receive an email acknowledging receipt of your request.**