



---École Secondaire Régionale **Alberni** District Secondary School---

*At ADSS we set personal, high-quality standards to become
responsible, independent, life-long learners*

Transcript application

Date _____

Name _____

Telephone number: _____

Address information: _____

Graduation year: _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year)

Number of official of Transcripts required: _____

The transcript will be required to be:

Picked up by - _____

Mailed - (address) _____

Faxed - (number) _____

Cost of Transcripts

- \$5.00 for one copy
- If ordering more than one copy - \$5.00 for the first and \$3.00 each after that
- Faxed addition \$3.00 charge.
- Mailed addition \$3.00 charge.

Processed by _____

Date _____