

STUDENT INFORMATION																																															
Last name at birth		First name																																													
Father's first and last names			Mother's first and last names																																												
Permanent code (if known)		Year	Month	Day	Sex																																										
MAILING ADDRESS FOR DOCUMENTS																																															
<input type="checkbox"/> Home address or <input type="checkbox"/> Address of another organization (employer, educational institution, etc.)																																															
Address																																															
Number		Street		Apt.																																											
City			Province		Country																																										
Postal code			Telephone number																																												
For mailing to an organization, please specify																																															
Name of organization: _____																																															
Name of recipient: _____																																															
DOCUMENTS																																															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">Grade*</th> <th style="width: 10%;">Year</th> <th style="width: 15%;">Public school</th> <th style="width: 15%;">Private school</th> <th style="width: 35%;">Occupation (if applicable)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Statement of marks</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Achievement record</td> <td colspan="4" style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Statement of competencies</td> <td colspan="4" style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Diploma</td> <td colspan="4" style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">_____</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Name of school: _____</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Municipality: _____</td> </tr> </tbody> </table>							Grade*	Year	Public school	Private school	Occupation (if applicable)	Statement of marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Achievement record	<input type="checkbox"/>				_____	Statement of competencies	<input type="checkbox"/>				_____	Diploma	<input type="checkbox"/>				_____	Name of school: _____						Municipality: _____					
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*Grades 7, 8, 9, 10, 11, 12, CPES, EPSC, Sec. IV, AESS, AVE, AVS, CESS, SSV, CFER, TCST, TCSIA, PTC, LSWSE(YS), SSD, DVS																																															
SIGNATURE AND NAME IN BLOCK LETTERS (COMPULSORY)																																															
Signature of student or authorized person making the request			Name in block letters																																												
Date (DD/MM/YYYY) _____																																															
<input type="checkbox"/> I hereby authorize the Ministère de l'Éducation, du Loisir et du Sport to use this information for a survey on the quality of services offered.																																															
Reserved for use by the Ministère de l'Éducation, du Loisir et du Sport																																															
Verification of student's identity: Driver's licence <input type="checkbox"/> Health insurance card <input type="checkbox"/> Initials and date: _____																																															
<i>The Direction de la sanction des études keeps the files of students whose studies are certified by the Département de l'Instruction publique or the Ministère de l'Éducation, du Loisir et du Sport. Please return this form to the Direction de la sanction des études - 675, boulevard René-Lévesque Est, Aile René-Lévesque, 4^e étage, Québec (Québec) GIR 6C8 — Fax: 418-644-6909 — Telephone: 418-643-1761.</i>																																															