



## Consent to Release of Information

### Applicant's Information: Release of high school Transcript

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_ Date of Birth: Year/Month/day \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year of Graduation/Last Year of Attendance: \_\_\_\_\_

### Parent's Information:

Father:

Mother:

Last Name: \_\_\_\_\_ Last Name: Mother's Name at Birth \_\_\_\_\_

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Pickup by Yourself       Authorizing another person to Pick Up       Mailing to College/University/Home

Name of Authorized Person: \_\_\_\_\_

Name of College/University: \_\_\_\_\_

Address of College/University: \_\_\_\_\_

Student ID No. for College/University: \_\_\_\_\_ Appln. No for College/University: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent may ONLY sign if under 18)

**ID must be provided (acceptable ID: Driver's License, Birth certificate, Passport or Citizenship)**

ID presented at counter of the applicant and/or authorized person       ID attached

**Payment: Acceptable payments are cash, money order or cheque, payable to Philemon Wright HS**

No of copies of transcript \_\_\_\_\_ x\$5.00

Rush Order: \_\_\_\_\_ x\$10.00

(10 business days to process)

(5 business days to process)

**Send Completed form and copy of ID along with appropriate fee(s) to:**

Philemon Wright High School  
Attn: D. Miljour (Transcripts)  
80 Daniel Johnson Blvd.,  
Gatineau, QC J8Z 1S3  
Tel: (819) 776-3158 ext. 2303  
Email: [dmiljour@wqsb.qc.ca](mailto:dmiljour@wqsb.qc.ca)

OFFICE USE ONLY:

Permanent Code: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Additional Comment: \_\_\_\_\_

Initials of Receptionist/Coordinator: \_\_\_\_\_

(that original ID for applicant has been seen)