

RELEASE OF INFORMATION

I hereby authorize: Sandwich Secondary School 7050 Malden Rd., LaSalle, ON N9J 2T5

	erning myself on: Today's Date	
Full Name:	Maiden Name:	
Date of Birth: YYYY/MM/DD	Male: Fer	nale
Address:Street # Street Name	City/Prov.	Postal Code
Геlephone#: () Се	ell#: ()	
Signature of Authorization	_	
Last School Attended:	Last Year Attended:	
·››››	>>>>>>>>>>>	·>>>>>
Official Transcript \$10.75 each	Proof of Identification Birth Certif	ricate
Manual Transcript/Letter \$16.00 each	Drivers Lic	
Replacement Diploma \$26.25 each	Other	
Additional Information:)	