



1375 California Avenue, Windsor Ontario N9B 2Z8 – Phone: 519-254-6451 – Fax: 519-254-9872

Release of Information

PLEASE PRINT CLEARLY

Today's Date: _____

I hereby authorize Westview Freedom Academy to release school records concerning myself:

Full name used while attending high school: _____
First Name Middle Name(s) Last Name

CURRENT Mailing Address: _____
ADDRESS CITY PROVINCE POSTAL/ZIP CODE

Telephone: _____ Date of Birth: _____

Signature of Authorization Date

Required: Photo ID from student/former student

If required for immigration purposes:

I require copies of _____

From (dates): _____

Last School Attended: (please select)

- W.M. Hands
- Cal-Tec
- WFA

- Shawnee
- Century
- Forster

The last year attended was approximately: _____

The transcript is being used for: (please select)

- College/ University
- Completion of Diploma
- Work Related

For Office Use Only:

Official Transcript: \$10.00
OSR Documents: \$10.00
Replacement Diploma: \$25.00

Paid In Full: ___ Yes ___ No

Completed by: _____ Date Picked Up: _____

Notes: _____