



VERNON SECONDARY SCHOOL

Phone 250-545-0701 Fax 250-545-6823

TRANSCRIPTS

Please allow 3-6 business days for processing

Orders are processed ***after payment has been received and processed.***

Please provide the following information:

1. Your full LEGAL name as it was in high school:

2. Your birth date (mm/dd/year): _____

3. The year you graduated: _____

4. Your address and current daytime telephone number: _____

5. If you live out of town – mailing address:

6. If you reside locally – name of individual picking up and relationship:

Signature: _____

For office use paid cash: _____ chq: _____ Date: _____