

Request form:

Manitoba Statement of High School Marks (Transcript)

Please provide the following information with the required \$15.00 fee.

Current Name: _____	Current Mailing Address: _____
City: _____	Province: _____ Postal Code: _____
Home Phone Number: _____	Daytime Phone Number: _____
Date of Birth: year/mo/day _____	Email address: _____
Text	

Full Name(s) used while attending high school: _____

Name all school(s) attended in senior high Grade 9 to Grade 12

Grade 9: _____	The Year attended: _____
Grade 10: _____	The Year attended: _____
Grade 11: _____	The Year attended: _____
Grade 12: _____	The Year attended: _____

Did you graduate? _____

List summer school or distance delivery high school courses taken (Indicate where and when you took them):

Provide the COMPLETE name and address if you wish one copy forwarded somewhere other than your current mailing address:

Number to be faxed to (if desired) and to whose **attention** is the fax going to:

Signature (hand-written):
REQUIRED

Your signed request for a Manitoba High School marks statement *will not be accepted if emailed.*

Form cannot be saved.
Please print a copy for your file

Mail or fax your completed and signed request form and the required fee to:

EDUCATION ADMINISTRATION SERVICES BRANCH
507-1181 PORTAGE AVENUE

WINNIPEG MB R3G 0T3 PH: 1 (833) 227-1375 or (204) 945-0201

FAX: (204) 948-2154

REQUEST SUBMITTED BY EMAIL WILL NOT BE ACCEPTED.

The fee can be paid by cheque or money order payable to the Minister of Finance or by VISA or MasterCard.

VISA OR MASTERCARD SERVICE REQUEST FORM

If you wish to use a VISA or MasterCard for method of payment, this form must be completed and accompany your request. If you have called in your VISA or MasterCard information and are faxing your request, do not re-enter the card information just have cardholder sign below.

Student Records

FEE AMOUNT

SETS

TOTAL

High School Marks Statement
(1 set = 2 official transcripts)

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If you have called in the VISA or MasterCard information to the Education Administration Services Branch and are faxing in your request do not enter the card information here. Just have the cardholder sign where indicated.

Method of Payment

☐ MasterCard ☐ VISA

Expiry Date: _____ MO/YR

Card Number:

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Cardholder Name (as it
appears on the card.)

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**Signature of Card holder
(hand-written):**

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For Office Use Only:

Authorization Number: _____.

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