Please enter the school/school board, your name and date of birth. Print the page, sign it and scan or photograph it. Please return the scanned or photographed copy to cce@hwdsb.on.ca so we can initiate your request.



Come Learn With Us!

CCE Red Hill Learning Centre
300 Albright Road, Hamilton, ON L8K 5J4

TRANSCRIPT REQUEST FOR NON-HWDSB STUDENTS

DATE:	Tel.: 905.561.2190 Fax: 905.561.258 E-mail: cce@hwdsb.on.ca
SCHOOL/SCHOOL BOARD:	
FAX NUMBER:	
FROM:	
Please be advised that the following student has registered into one of our programs, updated copy of his/her transcript. Please forward, at your earliest convenience, a co	opy of the student's transcript.
If the transcript has been sent to another school/department, please forward this required	juest.
STUDENT NAME:	
DATE OF BIRTH:	
I authorize the release of my records to the Red Hill Learning Centre, or the HWDSB	Assessment Centre.
STUDENT SIGNATURE:	
If you require any additional information, please feel free to contact us at 905-561-2	190.
Thank you	

Thank you,

Jim Mackrory Program Manager

CCE Red Hill Learning Centre

Tel: 905-561-2190 Fax: 905-561-2582

