

Youth – Adult – Vocational training

Student information

Family name at birth:	First name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Permanent code:	Date of birth (yyyy-mm-dd):	
Parent's family name and first name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Mailing address for documents

Number:	Apartment:	Street:
City:	Province:	Country:
Postal code:	Telephone:	

<b>To have documents sent to an organization, please specify:</b>	Name of organization:
Recipient's name:	

Documents

<input type="checkbox"/> Transcript of marks (until to 1972)	Last year completed: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Year issued:
Name of school:		<input type="checkbox"/> Public school <b>OR</b> <input type="checkbox"/> Private school
Municipality:		

<input type="checkbox"/> Achievement record (for results obtained after 1972)
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<input type="checkbox"/> Statement of competencies (vocational training program)	Occupation:
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<input type="checkbox"/> Diploma (for a printed copy of a diploma)		
<input type="checkbox"/> SSD Year issued: _____	<input type="checkbox"/> Sec. IV Year issued: _____	<input type="checkbox"/> CPES Year issued: _____
<input type="checkbox"/> DVS Year issued: _____	<input type="checkbox"/> AESS Year issued: _____	<input type="checkbox"/> SVD Year issued: _____
<input type="checkbox"/> AVS Year issued: _____	<input type="checkbox"/> CESS Year issued: _____	<input type="checkbox"/> TCST Year issued: _____
<input type="checkbox"/> SSVC Year issued: _____	<input type="checkbox"/> Other: _____	Year issued: _____
Name of school:		<input type="checkbox"/> Public school <b>OR</b> <input type="checkbox"/> Private school
Municipality:		

Person making the request (compulsory)

Name in block letters:	Date (yyyy-mm-dd):
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The Direction de la sanction des études keeps the files of students whose studies have been certified by the Department of Public Instruction or the Ministère.

**Submit your request by fax: 418-643-3933**

**Submit your request by mail - Québec:** Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, Direction de la sanction des études, 675, boulevard René-Lévesque Est, Aile René-Lévesque, 4<sup>e</sup> étage, Québec (Québec) G1R 6C8 Tel.: 418-643-1761

**Submit your request by mail - Montréal:** Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche, Direction de la sanction des études, 600, rue Fullum, 10<sup>e</sup> étage, Montréal (Québec) H2K 4L1. Tel.: 514-788-3325