



Alberni District Secondary School

4000 Roger St., Port Alberni, BC V9Y 0B1

adssadvising@sd70.bc.ca

Phone: 250- 724- 3284 ext. 5 Fax: 250-723-4073

Date: _____

Date of Birth: _____

Name: _____

Email: _____

Name while attending, if different:

Phone: _____

Graduation Year: _____

Last year attended (if non-grad): _____

How many official copies are needed: _____

Did you attend VAST/ Eighth Ave. Learning Centre:

Yes: No:

SIGNATURE OF APPLICANT: _____

What would you like done with your transcript?

1. Mailed to – Name/ address: _____

2. Name of person picking up from ADSS: _____

Cost of Transcripts:

\$5 for one copy of an official transcript, \$3 for each additional copy.

Mailing is an additional \$3 charge.

HOW WILL YOU BE PAYING:

CASH – Payment due upon in-person pickup

E-Transfer (email adsspayments@sd70.bc.ca)

Please note: e-transfer is not direct deposit – please make the answer portalberni Include your FULL NAME & PHONE NUMBER – TRANSCRIPT FEE in the message box of the e-transfer.

SEND E-TRANSFERS TO adsspayments@sd70.bc.ca

Email this completed form to adssadvising@sd70.bc.ca for processing.