



**St. Francis Xavier University
School of Education**

Transcript Release for Teacher Certification

Full Name: «NAME»

Student ID: «STUDENT_ID»

Program: «PROGRAM»

I hereby authorize the Office of the Registrar, St. Francis Xavier University to release official transcripts of my academic record to the School of Education, St. Francis Xavier University for the purposes of application for teacher certification from the Registrar – Teacher Certification, Province of Nova Scotia.

Releases are to occur following completion of the Fall Term and following completion of the Winter Term.

Student's Signature: _____

Date: _____