



Education

Student Information and Assessment

# TRANSCRIPT OR STUDENT RECORDS REQUEST

I, \_\_\_\_\_, request a copy of my transcript or student records.

**My personal information is as follows:**

Date of Birth: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Last Grade: \_\_\_\_\_

Last year at that school: \_\_\_\_\_

Graduated: Yes \_\_\_ No \_\_\_

Please forward my records to: (include a name, address or fax number where appropriate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Please fax this completed form to: (867) 667-5876**

**You may also mail this form to:**

Department of Education  
Student Information and Assessment  
Box 2703, Whitehorse, Yukon Y1A 2C6

**Or drop it off at:**

Department of Education  
Student Information and Assessment  
1000 Lewes Blvd., Whitehorse

*The personal information on this **Transcript or Student Records Request form** is being collected under the **Access to Information and Protection of Privacy Act (ATIPP)** and is being used solely for the processing, handling and issuance of the appropriate records in accordance with the information supplied on the form. Any questions concerning the collection of this personal information may be directed to the **Coordinator, Student Information at the Yukon Department of Education** at the address above, or may be reached at (867) 667-3707.*