



Education

STUDENT INFORMATION AND ASSESSMENT

TRANSCRIPT OR STUDENT RECORDS REQUEST

I, _____, request a copy of my transcript or student records.
(full name at time of schooling)

My personal information is as follows:

Date of Birth: _____

Last Yukon school attended: _____ Last Grade: _____

Last year at that school: _____ Graduated: Yes No

Please forward my records to: (include a name, and 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:

or drop it off at:

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

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.