



STUDENT INFORMATION AND ASSESSMENT  
**TRANSCRIPT OR STUDENT RECORDS REQUEST**

I, \_\_\_\_\_ (\_\_\_\_\_),  
FIRST NAME AND INITIALS LAST NAME IN CAPITALS PREVIOUS OR MAIDEN NAME

request a copy of my transcript or student records.

**My personal information is as follows:**

Date of birth: YYYY/MM/DD

Last **Yukon** school attended: \_\_\_\_\_

Last grade: \_\_\_\_\_ Last year at that school: \_\_\_\_\_ Graduated:  Yes  No

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

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

Signature: \_\_\_\_\_ Date: YYYY/MM/DD

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

**Please fax this completed form to 867-633-7983 or email to transcripts@gov.yk.ca**

|  |                                    |
|--|------------------------------------|
| <b>You may also mail this form to:</b> | <b>or drop it off at:</b>          |
| Department of Education                | Department of Education            |
| Student Information and Assessment     | Student Information and Assessment |
| Box 2703, Whitehorse, Yukon Y1A 2C6    | 1000 Lewes Blvd., Whitehorse       |

**Access to Information and Privacy Protection Statement:** The personal information on this Transcript or Student Records Request form is being collected under the authority of the *Education Act* 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.