



TECHNOLOGY AND STUDENT INFORMATION  
**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.

**Student information:**

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)

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

ATTESTATION: I attest that I am the student or former student and over 16 years of age, or I am a parent or legal guardian of the student or former student who is under 19 years of age.

Print name: \_\_\_\_\_

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

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

**Please email this completed form to [transcripts@yukon.ca](mailto:transcripts@yukon.ca) or fax to 867-633-7983**

<b>You may also mail this form to:</b>	<b>or drop it off at:</b>
Department of Education	Department of Education
Technology and Student Information E22	Technology and Student Information E22
Box 2703, Whitehorse, Yukon Y1A 2C6	1000 Lewes Blvd., Whitehorse

Personal information is collected under the authority of the *Access to Information and Protection of Privacy Act* s.15(c)(i) to administer the *Education Act* for processing, handling, and releasing a transcript or copy of student records in accordance with the information supplied on this form. For more information, contact the Technology and Student Information, Administrative Assistant at the Yukon Department of Education at the address above, by phone at 867-667-5170, or [transcripts@yukon.ca](mailto:transcripts@yukon.ca).