

STUDENT TRANSCRIPT REQUEST FORM

GENERAL INFORMATION & INSTRUCTIONS

Students should obtain a transcript from the last school they attended in Ontario. For contact information on current open schools within our Board, see http://www.lakeheadschools.ca/schools

FOR CLOSED SCHOOLS ONLY (FWCI, GRON MORGAN, LAKEVIEW, NORTHWOOD, PACI, SELKIRK and HILLCREST)

Student records of closed schools are maintained in our Board Archives. Former students, whose last school attended is now closed, can obtain a transcript by completing this Transcript Request Form and providing photo identification such as a driver's license, passport or health card (copy both front and back - please ensure your picture, name, and date of birth are legible/visible). If your name is different from when you attended school, please also provide a photocopy of your birth certificate.

TRANSCRIPT PROCESSING FEES

If your last year attended is 1983/84 or prior, there is a \$24 fee for three original transcripts. If your last year attended is 1984/85 or later, the fee is \$10 for three original transcripts. If Priority Post is requested, an additional \$10 will be required. We accept all major credit cards, cash, debit, cheque or money order made payable to Lakehead District School Board.

TO REQUEST A TRANSCRIPT IN PERSON

Apply at LAKEHEAD DISTRICT SCHOOL BOARD,

MAILING ADDRESS: JIM McCUAIG EDUCATION CENTRE, 2135 SILLS STREET, THUNDER BAY, ON P7E 5T2 - Attn: Student Records. A Transcript Request Form is available at the Main Reception Desk on the 1st floor.

Provide your photo identification and pay the fee at the Main Reception Desk on the 1st floor (cash, debit, credit cards, cheque or money order).

TO REQUEST A TRANSCRIPT WHEN YOU CANNOT BE HERE IN PERSON

If you live outside the Thunder Bay area and someone can make the payment on your behalf, a faxed request form and photo id would be accepted. Fax to (807) 623-3083. Alternatively, you may scan the completed and signed form and photo id and e-mail to stu_records@lakeheadschools.ca.

PLEASE ALLOW 5-10 WORKING DAYS FOR PROCESSING OF TRANSCRIPTS. Transcripts will be mailed (or faxed if requested).

LEGAL LAST NAME	LEGAL FIRS	T NAME		
PREVIOUS NAME (if applicable)	LEGAL MIDDLE NAME(S)			
APT# HOUSE# STREET			RR#	BOX#
CITY/TOWN, PROVINCE/STATE, COUNTRY		POSTAL CODE	TELEPHON	IE#
BIRTHDATE - MMM/DD/YYYY EMAIL ADDRESS			FIRST LAN	CHACE
SIRTHDATE - MININUDDITTTT EMAL ADDRESS			TIKST LAN	GUAGL
LAST HIGH SCHOOL ATTENDED		GRADE COMPLETE	D LA	ST YEAR ATTENDED
OTHER ONTARIO SECONDARY SCHOOLS PREVIOUSLY ATTENDED)	DID YOU GRADUAT	_	OF COPIES REQUIRED
REASON FOR REQUEST Employment College/University Re-Entry to Sch	nool/Adult Ed.	COLLEC	GE / UNIVER	SITY STUDENT #
DDRESS TO MAIL TRANSCRIPT TO (ie. home, college/university, busin	ness, etc.) If Trans	script is to be faxed, ple	ease provide i	recipient information.
AUTHORIZATION TO REL I hereby authorize Lakehead District School Board to release YOUR SIGNATURE IS REQUIREI	this information to the	ne address provided (or	r fax info prov	ided).
nature:		Date:		
ACCOUNTING DEPARTMENT USE ONLY	SDAS -	OFFICE USI		D (Check Archives)
RECEIPT #:	Date Received:		ate Processed:	
MOUNT RECEIVED:	Faxed	Mailed		Priority Post
REEDOM OF INFORMATION ersonal information in this form is collected under the authority of ducation Act, R.S.O. 1990. The Ontario Student Record (OSR) Guideling locate and create the Ontario Student Transcript (OST).			P IT OFF, MA IIL IT TO	IIL IT, FAX IT,