



# STUDENT TRANSCRIPT REQUEST FORM

Students should obtain a transcript from the last school they attended in Ontario. For contact information on current open schools within our board, visit [www.lakeheadschoools.ca/schools](http://www.lakeheadschoools.ca/schools)

### For Closed Schools Only (Churchill, FWCI, Hillcrest, Gron Morgan, Lakeview, Northwood, PACI, Selkirk)

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 Requisition Form and providing photo identification (such as a driver's licence, passport or health card). If sending electronically, copy front and back, and ensure your photo, name, and date of birth are legible/visible. If your name is different from when you attended school, please also provide a copy of your birth certificate.

### Transcript Processing Fees

If your last year attended is 83/84 or prior, there is a \$24 fee for three original transcripts. If your last year attended is 84/85 or later, there is a \$10 fee for three original transcripts. If Priority Post is requested, an additional fee of \$10 is required. We accept all major credit cards, cash, debit, cheque, or money order payable to Lakehead Public Schools.

### To Request a Transcript in Person

Transcript Requisition Forms are available at the main reception desk of the Jim McCuaig Education Centre, 2135 Sills Street, Thunder Bay, Ontario. Identification and payment will be required at the time of requisition.

### To Request a Transcript Electronically

Transcript Requisition Forms can be emailed to: [stu\\_records@lakeheadschoools.ca](mailto:stu_records@lakeheadschoools.ca) or faxed to: (807) 623-3083. Please include a copy of your photo identification. Credit Card payments can be made by calling (807) 625-5100 during regular business hours.

**Please allow 5-10 working days for processing of Transcripts. Transcripts will be mailed, faxed, or emailed as requested. If necessary, they may be picked up. If someone other than yourself is picking up the transcript, please provide a signed letter of permission.**

Legal Last Name \_\_\_\_\_ Legal Middle Name(s) \_\_\_\_\_

Legal First Name \_\_\_\_\_ Previous Name (If Applicable) \_\_\_\_\_

Apt # \_\_\_\_\_ House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Box # \_\_\_\_\_ Province / State \_\_\_\_\_ Country \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ First Language \_\_\_\_\_

Last High School Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_ Last Year Attended \_\_\_\_\_

Other Ontario High Schools Attended \_\_\_\_\_ Did You Graduate?  Y  N

Reason For Request  Employment  College / University  Re-Entry to School/Adult Ed  Other

Address To Mail Transcript (i.e. Home, college/university, business) \_\_\_\_\_

If transcript is to be faxed or emailed, provide recipient information \_\_\_\_\_

### AUTHORIZATION TO RELEASE STUDENT INFORMATION

I hereby authorize Lakehead Public Schools to release this information to the address provided (or fax/email info provided).

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

#### ACCOUNTING USE ONLY:

Receipt # \_\_\_\_\_

Amount Received \_\_\_\_\_

#### OFFICE USE ONLY:

SDAS  Trillium  Not found (Archives)

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Fax  Mail  Email  Pickup