



Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

OFFICIAL TRANSCRIPT REQUEST

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under the Act. Information is collected for the purpose of providing official transcripts. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).

- A transcript will not be issued if you have outstanding fees.
- Standard processing time is five business days. This does not include delivery time, so please allow ample time for your transcript to reach its destination. You are responsible for providing complete information.
- Processing time at the end of Fall and Winter terms will be two weeks.
- Transcripts will be released to a third party only on presentation of written authorization from the student.
- Transcripts will be issued under the most recent registered name.
- Apprenticeship students - contact Alberta Apprenticeship and Industry Training at 1(800)248-4823 for your transcript.

STUDENT INFORMATION

Last Name	First Name	Middle Name	LC Student ID# if known
Former Name	Home Phone #	Other Phone #	D.O.B. YYYY-MM-DD
Address			City
Province	Postal Code	Email	
Name of Program	Campus Attended	Years of Attendance YYYY-YYYY	

ISSUING INSTRUCTIONS

- Process Immediately
 After final grades for term ending(month)_____
 After certificate/diploma/degree awarded

METHOD OF DELIVERY

- Mail to self at address above
 Mail to another address below
 Hold for pick up (photo ID required)

****You must complete a separate form for each institution**

# of Copies	Name of Institution		Attention
	Address		
	City	Province	Postal Code

AUTHORIZATION

I hereby authorize Lakeland College to release the transcript(s) of my academic record as specified on this request.

Signature	Date
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5707 College Drive
 Vermilion, AB T9X 1K5
 1 800 661 6490
 Fax: 780 853 8594
 Email: transcripts@lakelandcollege.ca