



Mission: To inspire learner success and community development through innovative learning in an inclusive and diverse environment.
Vision: Ever to excel in a global society.
Values: We value learner achievement, academic excellence and personal growth founded on our longstanding principles of: people-centred and respect, accountability and integrity, inclusiveness and collaboration, continuous self-improvement, innovation and pride.



TRANSCRIPT REQUEST

5707 College Drive, Vermilion, Alberta, Canada T9X 1K5 Tel: 1 800 661 6490 Fax: 780 853 2955 EMAIL: transcripts@lakelandcollege.ca

Transcripts will not be issued for students who have not fulfilled their financial obligations to the College.

- ID required for pick-up of transcripts at the Registrar's Office.
- A maximum of **five days** is required to process transcripts. 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.
- Apprentice marks can only be obtained from Alberta Apprenticeship and Industrial Training in Edmonton. Phone (780) 427-8517.

Lakeland College complies with the Freedom of Information and Protection of Privacy Act of Alberta and the Colleges Act. Information collected on this form is used to process your request for a replacement document. If you have any questions about the collection and use of this information, please contact the Registrar, 1-780-853-8429.

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	LC STUDENT # if known
FORMER NAME (if applicable)	HOME PHONE #	OTHER PHONE #	D.O.B. (YYYY-MM-DD)

PERMANENT ADDRESS

ADDRESS		CITY
PROVINCE	POSTAL CODE	EMAIL ADDRESS

PROGRAM INFORMATION

NAME OF PROGRAM	CAMPUS ATTENDED	YEARS OF ATTENDANCE (yyyy – yyyy)
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Transcripts are to be sent to:

- The address above The address(s) below

Transcripts are to be sent:

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

MAXIMUM 4 COPIES

# of Copies	NAME OF INSTITUTION		ATTENTION
	ADDRESS		
	CITY	PROVINCE	POSTAL CODE
# 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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