## **OFFICIAL TRANSCRIPT REQUEST**



LRSD BOARD OFFICE: 900 St. Mary's Rd., Winnipeg, Man., R2M 3R3, Phone: (204) 257-7827, Fax: (204) 256-8553

This completed form can be dropped off, mailed, faxed, or sent as an email attachment to the last senior years school attended. **During summer closure**, transcript requests can be sent to the LRSD Board Office by email <u>info@lrsd.net</u>

TOTAL NUMBER OF COPIES FOR PICKUP (maximum of 3): \_\_\_\_\_

□ By me

□ By this person I authorize: \_\_\_\_\_

PHOTO ID MUST BE PRESENTED AT TIME OF PICKUP

Note: Transcripts requested will be processed within five business days of receipt.

## **Student Information**

Legal Last Name:			Legal First N	ame:	
Birthdate (DD/MM/YYYY):		Former Legal Name:			
Last LRSD school attended:				Year of	Graduation:
Current Street Address:					
City:	Province:				Postal Code:
Phone:		E-mail:			

## **Transcript Recipients**

Please send my transcript to the following recipients	1			
Organization:	Attention to:	ttention to:		
Address (including city, province, and postal code):				
Organization:	Attention to:			
Address (including city, province, and postal code):				
Organization:	Attention to:	to:		
Address (including city, province, and postal code):				
Student signature:	Date:			

Transcripts sent to incomplete addresses provided on the request may cause delays or returns by Canada Post. The onus is on the requestor to ensure the transcript is received by the stated recipient. LRSD is not responsible for the loss or delay of transcripts by Canada Post.