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Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

Request for Transcripts

Department of Education

Anyone requesting a copy of their student transcript must:

1. complete the *Request for Transcript* electronically, correctly, and in full to avoid delays in processing and/or a request for a resubmission
2. request your updated transcript again each time it is required, as it is a record of marks achieved at the time of the request
3. allow a minimum of 10 business days for processing

No fees are required.

Your official transcript will include any or all of the following:

- All secondary courses completed in Nunavut
- Nunavut equivalencies resulting from the evaluation of out-of-territory documents

Personal information

<table>
<tr><td>Current last name</td><td>First name</td><td>Middle name(s)</td><td rowspan="3">☐ Check here if your last name has changed since you were last registered in school.

If so, list additional last names:</td></tr>
<tr><td>GN student number #</td><td>Date of birth (yyyy/mm/dd)</td><td>Gender</td></tr>
<tr><td>PO Box #</td><td>Community</td><td>Postal code</td></tr>
<tr><td colspan="2">Territory/province</td><td colspan="2">Telephone</td></tr>
<tr><td colspan="4">Mailing address (if not a PO box)</td></tr>
<tr><td colspan="4">Email address

• You will be contacted at this email address if there are any issues processing your request.
• A digital version of your personal transcript will be emailed to you.</td></tr>
</table>

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Nunavut

Request for Transcripts

Department of Education

Current/most recent secondary school attended in Nunavut

Grade	Year	Name of school	Community

Send my transcript to the following institutions

Send transcripts to the following institutions	Mailing address (include contact name, community, province/territory, postal code, phone number)	College/university application # (if applicable)
For example: *Nunavut Arctic College*	*Kivalliq Campus* *P.O. Box 876* *Rankin Inlet, NU, Canada* *X0C 0G0* *Phone: 867-645-4170*	*#12345*
For example: *University of Ottawa*	*studentregistar@uottawa.ca*	*#12345*

Student signature (required for processing)	Date

Email completed and **signed** form to: **StudentRegistrar@gov.nu.ca**