

INSTRUCTIONS TO COMPLETE THE REQUEST FOR CHANGE OF ADDRESS

Read the instructions before completing the form

- Please PRINT clearly in blue or black ink
- Complete **Section A** with your current personal information
 - Please visit our website for your Alberta Student Number, the link is:
<http://education.alberta.ca/students/asn.aspx>
- Completion of **Section B** is mandatory
- **Section C** is to be completed if you require a confirmation
- **Section D**, it is mandatory to have the signature of the student or parent/guardian or legal representative
- **Section E** is to be completed by the parent/guardian or legal representative when submitting the request on behalf of the student

It will take up to 3 business days to have your record updated

Options on submitting the completed and signed form are:

By faxing to: 780 427-4708 (toll free in Alberta by first dialing 310-0000)

By mailing to: Alberta Education
10044–108 Street NW
44 Capital Boulevard
Edmonton, AB T5J 5E6

Request for Change of Address

The personal information collected on this form is collected pursuant to Section 33(c) of the **Freedom of Information and Protection of Privacy Act (RSA 2000, c. F-25)** and is being used for the processing of Change of Address in accordance with the information supplied on the form. Any questions concerning the collection of this personal information may be directed to Student Enrolment and Marks, **44 Capital Boulevard, 10044 – 108 Street NW, Edmonton, Alberta T5J 5E6**, who may be reached at **780 422-9337**, Toll Free within Alberta at **780 310-0000**.

A. STUDENT PERSONAL INFORMATION TO BE PRINTED CLEARLY

Alberta Student Number		
Surname (Last Name)	Given Name(s)	
Previous Names (if applicable)		
Date of Birth	Gender	Telephone Number (<i>mandatory</i>)
Current Mailing Address		
City/Town	Province	Postal Code

B. THE FOLLOWING INFORMATION MUST BE PROVIDED TO UPDATE YOUR STUDENT RECORD

Name of last High School attended		
Last Year Attended	Last Grade Attended	
Previous Mailing Address		
City/Town	Province	Postal Code

C. COMPLETE INFORMATION IF YOU REQUIRE A CONFIRMATION

E-mail address	Fax Number
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D. STUDENT AUTHORIZATION SECTION (to be completed by the requestor, parent/guardian or legal representative)

I acknowledge Alberta Education's authority to collect the general information contained on this form and authorize Alberta Education to update my address in accordance with the instructions I have provided. I understand that this request will be processed only if signed by the student or an authorized person.	
Signature	Date

E. THE FOLLOWING INFORMATION IS REQUIRED IF SIGNING ON BEHALF OF THE STUDENT

Surname (please print)	First Name	
I am the student's <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Legal representative		Telephone Number
If student is over the age of 18, the person requesting the change of address must have a power of attorney or a letter of authorization signed by the student.		
Signature	Date	

Submit Signed & Completed form to:	Alberta Education 44 Capital Boulevard, 10044-108 Street NW Edmonton, Alberta T5J 5E6 Phone: 780 422-9337 Fax: 780 427-4708 Toll Free in Alberta by first dialing: 310-0000
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For Office Use Only		
<input type="checkbox"/> Type of Document Produced	<input type="checkbox"/> Called for additional information	<input type="checkbox"/> Verified and Initialed
_____	<input type="checkbox"/> Address Updated	_____