

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) Act** and is being used for the processing, handling and issuance of the appropriate diploma. Any questions concerning the collection of this personal information may be directed to the Help Desk (44 Capital Boulevard, 10044 – 108 Street NW, Edmonton, Alberta T5J 5E6) who may be reached at (780) 427-5318 or Toll Free at 310-0000 (within Alberta).

Please provide the following information

Legal Surname (Last Name)		Legal Given Name(s)	
Previous Surname, Maiden Name or full name used while in high school (if applicable)			
Date of Birth (yyyy/mm/dd)		Alberta Student Number (if known)	
Address			
City/Town		Province	Postal Code
Phone Number	E-mail Address	Year Diploma Awarded	Number of Copies(max 2)
High School attended in Alberta when diploma awarded			

Language of document: English (Default) French

Student Authorization (To be completed by the requestor, parent, or guardian)

I acknowledge Alberta Education's authority to collect the general information contained on this form and authorize Alberta Education to disclose my diploma information to the destinations listed above and 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 and appropriate fees remitted.

Student signature		Date
If requesting on the behalf, please specify your relationship. I am the student's: <input type="checkbox"/> Parent (if the student is 18 or over in age, please attach a letter of authorization) <input type="checkbox"/> Guardian (provide proof of guardianship and if the student is 18 or over in age, please attach a letter of authorization)		Phone Number
Surname	Given Name(s)	Middle Name
Signature		Date

For Office Use Only	<input type="checkbox"/> Student	<input type="checkbox"/> Parent or Guardian
<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Vital Statistics <input type="checkbox"/> Other _____
Address _____		Initial _____ Date _____
		Phone _____

Submit completed form to:

Alberta Education
44 Capital Boulevard, 2nd floor
10044 – 108 Street NW
Edmonton, AB T5J 5E6

Phone: 780-427-5736
Fax: 780-422-2137
Toll free: 310-0000

