



Transcript Request Form

Date of Request _____/_____/_____		\$25 Fee enclosed (cheque or money order) <input type="checkbox"/>
Year of Graduation _____		
		Date request required _____/_____/_____
Name (Name at time of graduation)		
School Attended		
<input type="checkbox"/> Foothills School of Nursing <input type="checkbox"/> Calgary General School of Nursing <input type="checkbox"/> Holy Cross School of Nursing		
Full Address I (location where are to be sent)		
Full Address II (location where are to be sent)		
Contact Person	Phone	Fax
Consent		
I _____ agree to allow Alberta Health Services to release a copy of my transcript information to the above named address or institution.		

Additional Notes

Information	
Fees	There is a \$25.00 processing fee for transcripts, payable by cheque or money order. Payments can be made out to "Alberta Health Services"
Time limit	As per the Health Information Act, every effort will be made to respond to a request within 30 days after receiving the request and fee. Requests are generally processed once a week.
Order procedures:	<ul style="list-style-type: none"> Mail or drop of request form and method of payment at: Information Access and Privacy Alberta Health Services 10101 Southport Rd SW Calgary, Alberta T2W 3N2 <p>Questions maybe directed to phone number (403) 943-0424 Information Access & Privacy Fax number (403) 943-0429</p>