



- (1) **Student Information** | Please provide your:
 - Full legal name and all names by which you were known at the CBE;
 - Date of birth;
 - Mailing address if the requested records will be mailed;
 - A phone number where Records Management can reach you should there be any questions regarding the request.

- (2) **School Information** | Please state:
 - the last school the student attended with the CBE;
 - the last grade completed;
 - the approximate year that grade was completed;
 - Your Student ID number (if known)

- (3) **Type of Records Requested:**

Please Note: If the records being requested are for a current student or one who was registered within the past 4 years, please **request the records directly from the last school attended.**

 - **Unofficial Cumulative/Academic Transcript**
The CBE can provide former students' cumulative/academic transcripts. These are not official records.

 - **Official Transcript**
Please contact Alberta Education at 780-427-5732 if an official transcript for post secondary education is required.

 - **Testing and Psychological Assessments**
Testing and psychological assessments can be requested from Records Management, however it is strongly recommended that the requestor contact the writer of the report or another qualified professional for an accurate interpretation of the assessment.

 - **Complete Student File**
Complete academic records may be requested. Records Management may ask you to revise your request if record volumes are high. You may be asked to provide an administrative fee for high volume records.

- (4) **Release**
If academic records are to be released to another individual, organization or institution, the former student must provide written authorization to permit the release. If you are acting on behalf of a former student, you must provide legal authorization to act on behalf of that individual.

- (5) **Authorization**
This section must be completed by the student or authorized person requesting the records.

For more information, please contact Corporate Records Management at 403-817 6175.



Student Records Request and Authorization

Mail completed form to:
Calgary Board of Education
Records Management
3610 - 9 Street S.E. Calgary, AB T2G 3C5
Fax to: 403-294-8467 | **Email to:** recordsmanagement@cbe.ab.ca

Important: We are unable to release records without a legible copy of your photo ID with birth date and signature. Please review instructions on the previous page.

Please print

(1) Student Information

Last Name(s) at Time of Attendance:	First Name	Middle Name(s)	Date Of Birth	YYYY	MM	DD
Mailing Address:			City	Province	Postal code	
Telephone Number:			Cell Number	Email		

(2) School Information

Last School Attended within the CBE:	Grade Completed	Year Completed	YYYY	Student ID (if known)
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(3) Type of Records Requested

- Unofficial Cumulative/Academic Transcript
- Complete File (administration fee may apply)
- Other—Please Specify: _____
- Testing/ Psychological Assessment

(4) Release

- Personal request
- Please release my record to: _____

Mailing Address:	City	Province	Postal code
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Fax to:	Attention:
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Three (3) page maximum

(5) Authorization

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to search for academic records within the CBE's Records Centre and electronic student records database in order to respond to your request and to release the records requested in section (3) above in accordance with the instructions in section (4) above. Personal information will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the collection, contact the Supervisor, Records Management—Calgary Board of Education 3610 – 9th Street SE, Calgary, AB, T2G 3C5 or telephone 403-817 6175.

I, _____ Print name authorize the Calgary Board of Education's Records Management Department to release the records requested in section (3) in accordance with instructions given in section (4).

Print Name: _____ **Date:** YYYY MM DD **Signature:** _____