



# Student Records Request and Authorization Instructions

Records will not be released without a legible copy of your government issued photo ID with birth date and signature.

Please review the following instructions before completing the request form.

## 1 | Student Information | Please provide:

- 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 or email where Records Management can reach you should there be any questions regarding the request.

## 2 | School Information | Please state:

- Last school the student attended with the CBE
- Last grade completed
- Approximate year that grade was completed
- Your Student ID number (if known)

## 3 | Type of Records Requested:

- **Unofficial Transcript**  
The CBE can provide students' transcripts for Grade 10-12. These are not official records.
- **Official Transcript**  
Please contact Alberta Education at 780-427-5732 if an official transcript is required.
- **Testing / Psychological Assessments / IPP**  
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 student 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 requestor must provide written authorization to permit the release. If you are acting on behalf of a former adult 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.  
Please print the form and sign.

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



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|  |                                   |                    |
|--|-----------------------------------|--------------------|
| <b>1   Student Information</b>         |                                   |                    |
| Last Name at time of Attendance: _____ | Birth Date: _____ / _____ / _____ |                    |
| First Name: _____                      | Middle Name: _____                | YYYY MM DD         |
| Mailing Address: Apt / Suite #: _____  | Street: _____                     |                    |
| City: _____                            | Province: _____                   | Postal Code: _____ |
| Mobile Phone: _____ - _____ - _____    | Home Phone: _____ - _____ - _____ |                    |
| Email Address: _____                   |                                   |                    |

|  |   |
|--|---|
| <b>2   School Information</b>          |   |
| Last School Attended within CBE: _____ | Grade Completed: _____                  |
| Year Completed (YYYY): _____           | CBE Student ID Number (if known): _____ |

|   |   |   |
|---|---|---|
| <b>3   Type of Records Requested</b>            |   |   |
| <input type="checkbox"/> Unofficial Transcript  | <input type="checkbox"/> Testing / Psychological Assessment / IPP | <input type="checkbox"/> Complete File (administration fee may apply) |
| <input type="checkbox"/> Other (specify): _____ |   |   |

|   |                               |                          |
|---|-------------------------------|--------------------------|
| <b>4   Release</b>  |                               |                          |
| <input type="checkbox"/> Personal Request                   |                               |                          |
| <input type="checkbox"/> Release My Record to (name): _____ |                               |                          |
| Mailing Address: Apt / Suite #: _____                       | Street: _____                 |                          |
| City: _____   | Province: _____               | Postal Code: _____       |
| Attention to: _____   | Fax to: _____ - _____ - _____ | (Three (3) page maximum) |
| Email Address: _____  |                               |                          |

|  |           |                   |
|--|-----------|-------------------|
| <b>5   Authorization</b>   |           |                   |
| I 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. |           |                   |
| <input type="checkbox"/> I have attached a legible copy of my government issued photo ID with birth date and signature.  |           |                   |
| _____  | _____     | _____             |
| Print Name   | Signature | Date (YYYY/MM/DD) |

Mail completed form to: CALGARY BOARD OF EDUCATION      or      Email: [recordsmanagement@cbe.ab.ca](mailto:recordsmanagement@cbe.ab.ca)  
 RECORDS MANAGEMENT  
 3610 9 ST SE  
 CALGARY AB T2G 3C5      Fax: 403-294-8467

### Freedom of Information and Protection of Privacy

Personal information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act* and the *Education 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. Personal information will be treated in accordance with the privacy protection provisions of the *FOIP Act*. If you have any questions, contact Records Management, Calgary Board of Education, 3610 9 St SE, Calgary, AB, T2G 3C5 or telephone 403-817-6175.