# Alberta Health Services

**Transcript Request**

Please complete all sections of this request, print, and return with method of payment by mail to
**Records & Information Management, AHS Archives & Historical Collections,**
**1117 55th Ave NE, Calgary, Alberta T2E 6W1.**
For questions or for more information email RIM@albertahealthservices.ca

As per the Freedom of Information and Privacy Act, every effort will be made to respond to a request within 30 days after receiving the request and fee.

## Student Information

| Name *(first, last)* | Name at time of graduation *(if different from current)* |
|---|---|
| Year of Graduation | **School Attended**<br>☐ Foothills School of Nursing<br>☐ Calgary General School of Nursing<br>☐ Holy Cross School of Nursing |

## Transcript Information

Date Request Required *(yyyy-Mon-dd)*

**Transcript #1**

Name of institution where transcripts are being sent

| Name of Contact | Phone | Fax | |
|---|---|---|---|
| Address | City/Town | Province | Postal Code |

**Transcript #2**

Name of institution where transcripts are being sent

| Name of Contact | Phone | Fax | |
|---|---|---|---|
| Address | City/Town | Province | Postal Code |

Additional Notes

## Transcript Fees

A $25.00 processing fee for transcripts will apply. Payments can be made by cheque or money order made payable to Alberta Health Services.

☐ $25.00 fee enclosed

I agree to allow Alberta Health Services to release my transcript information to the institution(s) listed above and in accordance with the instructions I have provided.

| Signature | Date *(yyyy-Mon-dd)* |
|---|---|

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