



## DUPLICATE DIPLOMA REQUEST FORM

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)** and is being used for the processing, handling and issuance of the Statement of Courses and Marks in accordance with the information supplied on the form. Any questions concerning the collection of this personal information may be directed to the Information Services 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 **(780) 310-0000** (within Alberta).

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

Legal Surname

Legal Given Name(s)

Previous Surname (if applicable)

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Birthdate

Alberta Student Number (If known)

Address Line 1

Address Line 2

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

City/Town

Province

Postal Code

Area Code

Home Phone Number

Year Diploma Awarded

Number of Copies (Maximum 2) \_\_\_\_\_

High School attended when diploma awarded

**STUDENT AUTHORIZATION** (to be completed by the requestor, parent (if student is under the age of 18), guardian or legal

I acknowledge Alberta Education's authority to collect the general information contained on this form and authorize Alberta Education to disclose my transcript 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.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

|   |                             |
|---|-----------------------------|
| If signing on behalf of the student, please provide the following information:<br>I am the student's: <input type="checkbox"/> parent <input type="checkbox"/> guardian <input type="checkbox"/> legal representative | Telephone Number<br>(     ) |
|---|-----------------------------|

|                                 |            |             |
|---------------------------------|------------|-------------|
| Surname ( <i>please print</i> ) | First Name | Middle Name |
|---------------------------------|------------|-------------|

**Submit Completed form to:** Alberta Education, Diploma Coordinator,  
 44 Capital Boulevard, 10044 – 108 Street NW, Edmonton, Alberta T5J 5E6  
 Phone: (780) 427-5318, Fax: (780) 427-4708 Call toll-free: 310-0000