

ALBERTA HEALTH CARE AIDE REQUEST FOR RELEASE OF TRANSCRIPT

Instructions:

- Complete this form to request that your OFFICIAL transcript be sent by your post-secondary institution (school) to the Alberta Health Care Aide (HCA) Directory.
- Submit the completed form by email or mail to your post-secondary institution (school) for processing.

Read the following acknowledgements:

- I understand that for my application to be reviewed for Certified on the Alberta HCA Directory, I am responsible to ensure my official transcript(s) are submitted to the Directory.
- A transcript that is sent directly from me or that is otherwise **not** received directly from a post-secondary institution **may not** be considered.
- The purpose of this form is to give my consent to the release of my official transcript(s) by my post-secondary institution to the Alberta Health Care Aide (HCA) Directory so that I may be evaluated for enrolment on the Directory.
- The Directory does not charge a fee for the submission of this form to your post-secondary institution. However, I understand that I am responsible for any fees that may be imposed by my post-secondary institution for the release of this information.

Alberta Health Care Aide Request for Release of Transcript

PERSONAL (Please Print)		
_____	_____	_____
Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)
_____	_____	
Previous last name (Maiden Name)	Date of Birth (dd/mm/yy)	
_____	_____	
Apartment / Box No. / Address or Street No.		City / Town / Village
_____		_____
Province/State	Country	Postal Code / Zip Code
_____	_____	_____
Telephone No.	Cell No.	Primary Language
_____	_____	_____
E-mail Address		

CONSENT TO RELEASE INFORMATION	
<p>I _____, (name of Applicant) have applied for enrolment as a Health Care Aide on the Alberta Health Care Aide Directory and I consent to the release of the above personal information. I authorize _____, (name of School) to submit my required documentation (Official Transcript) to the Alberta HCA Directory via email or mail.</p>	
_____	_____
Applicant Signature (Do not print)	Date (dd/mm/yyyy)

ALBERTA HCA DIRECTORY CONTACT INFORMATION
<p>Official transcripts (with Credential Granted date indicated) must be sent by the institution via email or mail to:</p> <p style="text-align: center;">Email: info@albertahcadirectory.com</p> <p style="text-align: center;">Mailing Address: St. Albert Trail Place – 13163 146 Street, NW Edmonton AB T5L 4S8.</p>