

International Qualifications Assessment Service (IQAS)

Academic Records Request Form

This document is used to request the release of your academic records by an academic institution. Complete Section A and submit the form to the registrar or other authorized official at the institution where you received your credential(s) and request that they complete Section B.

Section A (for IQAS Applicant to Complete)

***Last Name** is mandatory. If only one name, enter **Last Name** field only

*Last/Family Name - Required	First Name	IQAS File Number (six digits) - Required
Date of Birth - Required (MM/DD/YYYY)	Previous Last/Family Name (if applicable)	Previous First Name (if applicable)
Institution Name	Country	Mode of Study (Full-time / Part-time / Distance Learning)
Student ID at the Institution	Degree Name	Year Awarded (YYYY)
I hereby authorize the release of my academic records to the International Qualifications Assessment Service (IQAS)		
Applicant's Signature		Date (MM/DD/YYYY)

Section B (for Authorized Institution Official to Complete)

The person named above requests that the academic records be released to the International Qualifications Assessment Service (IQAS). The released records should show all subjects completed and all grades/marks awarded for all years of study.

Please complete this section of the form and release the academic record(s) in one of the following methods:

- Email to IQAS.TranscriptReceipt@gov.ab.ca,
- Authorized digital service (specify service): _____, OR
- Mail in a sealed and stamped envelope to:
International Qualifications Assessment Service (IQAS)
C/O Service Alberta Mailroom – Commerce Place
10155 - 102 Street
Edmonton, Alberta, Canada T5J 4G8

I confirm that the student named above attended:		
Institution Name	Degree Name and Date Awarded	
First and Last Name of Signing Official (Please Print)	Title of Official (Please Print)	
Email	Telephone	
Authorized Signature	Seal	Date (MM/DD/YYYY)

Visit alberta.ca/IQAS for more information

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Classification: Public

