

**Office of Learning and Assurance**

The Continuing Education Transcript Request Form is intended to support compliance with the ANSI/IACET 2018-1 Standard for Continuing Education and Training and AMHSA Privacy and Information Security Policy.

Student Learner Instructions

Use a separate form for each request and submit completed form to the Office of Learning and Assurance at [learning@amhsa.net](mailto:learning@amhsa.net).

Note: Transcripts will not be issued if you have outstanding accounts with AMHSA.

Student ID Number
-------------------

**Personal Information**

First Name	Last Name	Former Name (if applicable)	Date of Birth MM/DD/YY
Mailing Address			
City/Town	Province/State	Postal/Zip Code	Country (if outside Canada)
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Email Address		

**Certificate/Course Request Information**

Please select from drop down menu's below			
AMHSA Certification Programs	AMHSA/AARFP Operator Certificates	Leadership for Safety Excellence (LSE)	Public Works/Operator Safety
Other (please specify)			

**Transcript Request Information**

Transcripts are sent by regular mail at no charge.

Mail transcript to the address indicated above

Number of transcripts required:  1     2     3     4

Mail transcript to educational institute/employer indicated below

Recipient Name			
Address			
City/Town	Province/State	Postal/Zip Code	Country (if outside Canada)

Transcripts may be released to a third party only if the student submits written authorization.

**Declaration and Student Learner Signature**

By signing this request, I understand that misrepresentation or attempts to obtain official documentation under false pretences are serious offences which may result in disciplinary/legal action under the AMHSA's Privacy Policy and/or Learner Code of Conduct Policy.

Student's Learners Signature	Date MM DD YYYY
------------------------------	--------------------

Protection of Privacy – The personal information requested on this form is collected by AMHSA in accordance with Alberta's Personal Information Protection Act (PIPA) for the purpose of processing student requests for an official transcript of academic records. AMHSA requires documentation of express consent, via the signature box above, to disclose transcripts directly to an educational institute or employer on a student's behalf. For information about the collection and use of this information contact the AMHSA Privacy Officer [privacyofficer@amhsa.net](mailto:privacyofficer@amhsa.net). Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.