

INSTRUCTIONS TO COMPLETE THE REQUEST FOR ALBERTA STUDENT NUMBER

Carefully read the instructions before completing the form

1. Please **PRINT** clearly in blue or black ink
2. Ensure your personal information is complete and accurate
3. Completion of **all** sections is mandatory
4. It is mandatory to have the signature of the **STUDENT**

Please visit our website: <http://advancededucation.alberta.ca/post-secondary.aspx>

It will take up to 5 business days to process an Alberta Student Number (ASN). Upon receipt of your Alberta Student Number please retain it as you will require this when communicating with Alberta Advanced Education and post-secondary institutions.

Options to submit the **completed and signed** form are:

Scan & E-mail: PSLearnerRecords@gov.ab.ca

Mail: Alberta Advanced Education
44 Capital Boulevard
10044-108 Street NW
Edmonton, Alberta T5J 5E6

The personal information as defined in the **Freedom of Information and Protection of Privacy Act (FOIPP Act)** that is collected on this form is collected pursuant to section 33(c) of the FOIPP Act. The purpose of this collection is to enable Alberta Advanced Education to assign or confirm an Alberta Student Number; update or correct student demographic information and address in accordance to the information provided. Any collection of this information may be directed to Student Records, Alberta Advanced Education, 44 Capital Blvd, 10044-108 St. NW, Edmonton, Alberta, T5J 5E6, Telephone (780) 422-9337 or Toll free outside of Edmonton within Alberta at 310-0000.

Student Personal Information (Please PRINT)

| | | | |
|--------------------------------|------------------------|----------------------------|-------------------|
| Surname (Last Name) | | First Name | Middle Name(s) |
| Previous Names (if applicable) | | Date of Birth (yyyy/mm/dd) | Gender (optional) |
| Phone Number | | Email Address | |
| Current Mailing Address | | | |
| City/Town | Province/State/Country | | Postal/Zip Code |

The following information should be provided if applicable

| | |
|--|---------------------|
| Name of last Alberta High School (currently attending or recently attended) | City/Town |
| Last Year Attended | Last Grade Attended |

Citizenship Status: One or more of the following documents **MUST** be provided to create your ASN

Please check off the document(s) you are providing (only photocopy is required when mailing)

- | | |
|--|---|
| <input type="checkbox"/> Canadian Citizenship or Birth Certificate | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Study Permit Expiry Date: _____ | <input type="checkbox"/> Other Specify: _____ |

What is your reason for requesting an ASN:

- To register with a public Alberta Post-Secondary Institution (university, college, technical institute)
- To register for an Alberta apprenticeship training program or examination
- To apply for MyTradesecrets
- To apply for or inquire about Alberta or Federal Students Financial Assistance (student loans, grants or awards)
- Other Specify: _____

Student Authorization

I authorize Alberta Advanced Education to collect the general information contained on this form. I understand this request will be processed only if signed by myself (student)

| | |
|---------------------|------|
| Student's Signature | Date |
|---------------------|------|

Alberta Student Number (for office use ONLY)

| | | |
|------------------------|------|--------------|
| Alberta Student Number | Date | Completed by |
|------------------------|------|--------------|

Submit Signed and Completed Form to:

Alberta Advanced Education
 44 Capital Boulevard
 10044-108 Street NW
 Edmonton, Alberta T5J 5E6

Phone: 780 644-0727
 Toll free: 310-0000 (outside Edmonton within Alberta)
 E-mail: PSLearnerRecords@gov.ab.ca