



REQUEST FOR TRANSCRIPTS

Complete Section 1 and forward to your nursing school(s) to complete Section 2. Once completed, the entire original form must be mailed directly from the nursing school(s) to CLPNA with the original transcripts. Copies will not be accepted and documents must be translated to English.

SECTION 1 (completed by applicant)

PERSONAL (Please Print)

_____	_____	_____
Current Legal Surname (Last Name)	Given Name (First Name)	Middle Name(s)
_____	_____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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

I am seeking registration as a Licensed Practical Nurse in Alberta. I authorize _____ (name of Nursing School) to complete Section 2 of this form and mail the required documentation directly to the College of Licensed Practical Nurses of Alberta (CLPNA).

Applicant Signature (do not print) Date (dd/mm/yy)

SECTION 2 (completed by individual processing request for transcripts)

_____	_____	_____
Name of Educational Institution	Address (Street No./City/Province/Country/Postal Code/Zip Code)	Phone (including area code)
_____	_____	_____
Title of Designate	Email of Designate	Signature of Designate
		Date (dd/mm/yy)