International Qualifications Assessment Service

(IQAS)

Request of Academic Records

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 from where you received your credential(s) and request that they complete *Section B.*

Section A (to be completed by IQAS applicant)

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

*Last/Family Name - **Required**	First Name	IQAS File Number (six-digits) - **Required**
Date of Birth (MM/DD/YYYY) - **Required**	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 or Roll Number	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 lbr.iqas@gov.ab.ca

  Authorized digital service (specify service): _____
OR
- Mail (by post) 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	Length of Program
Degree Name	Date Awarded (MM/YYYY)
Full Name of Authorized Official (Please Print)	Title of Authorized Official (Please Print)
Email:	Telephone:
Signature of Authorized Official	Official Seal of Institution / Date