

Request for Reconsideration of Invalidation 2020–2021

Student Personal Information (Please PRINT/TYPE)

Alberta Student Number - -	Student Surname (Last Name)	Student Legal First and Middle Name(s)
Name of Requester (if not the student)		Phone Number (Include Area Code – e.g., 555-555-5555) - -
Requester's Email Address		

Request to Reconsider:

Provincial Assessment and Date Written: _____

On what basis are you requesting that the original decision be reconsidered?

This request for reconsideration must be supported with official documentation not previously submitted for the purpose of rendering the original decision.

I have attached a copy of new evidence to support this request

This request for reconsideration has been submitted within 30 days of receipt of notification of the original decision

A student aggrieved by a reconsidered decision, i.e., in response to this request for reconsideration, may in writing, appeal the decision to the Minister within 30 days after notification of the decision.

Date Signature of Student Email Address

Date Signature of Parent or Guardian (if student is under 16 years of age) Email Address

The personal information collected on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to review this request for reconsideration. It will be treated in accordance with the privacy protection provision of Part 2 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Director, Exam Administration, at (780) 643-9157 (toll free connection 780-310-0000).

This form must be submitted to: Exam Administration Branch, Alberta Education.
Email this form and direct all questions to: exam.admin@gov.ab.ca using the subject line:
Reconsider Invalidation – your surname, first name ASN
(e.g., *Reconsider Invalidation - Headroom, Max 123456789*).

