

Records Access Request

Use this form to request records regarding your registration file. Submit requests to info@acupuncturealberta.ca or mail to:

College of Acupuncturists of Alberta
201-9612 51 Avenue
Edmonton AB T6A 5A6

All requests require a clear copy of valid identification. Provide one of the following: driver's license, passport, or identification card.

According to the Records Management Procedure, a fee may apply to a records request depending on the circumstances of retrieving the requested records.

Records will be provided to members by email.

Requester Information	
Last Name	First Name
Date of Birth	Registration Number
Email Address	
Date Requested	Signature
<input type="checkbox"/> I am the regulated member this information pertains to. <input type="checkbox"/> I have attached a copy of valid identification.	

What information is being requested?

Office Use	Received date:	
	Date information sent to requester:	