

# Request for Reconsideration of Invalidation

## 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)		Relationship to the Student
Requester's Email Address		

## Request to Reconsider:

Provincial Assessment:

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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.

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Signature of Student

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Email Address

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

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Email Address

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Date

The personal information collected through the *Request for Reconsideration of Invalidation* form is collected for the purpose of reviewing this request for reconsideration. The personal information is collected pursuant to section 4(c) of the Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact Exam Administration Branch toll free 780-310-0000 or by email at [exam.admin@gov.ab.ca](mailto:exam.admin@gov.ab.ca).

**This form must be submitted to:** Exam Administration Branch, Alberta Education and Childcare.

**Email this form and direct all questions to:** [exam.admin@gov.ab.ca](mailto:exam.admin@gov.ab.ca) using the subject line:

***Reconsider Invalidation – your surname, first name ASN*** (e.g., *Reconsider Invalidation - Headroom, Max 123456789*).