Government of Alberta
Students Finance
PO Box 28000 Stn Main
Edmonton AB T5K 2V1

Name: _____

Social Insurance Number: _____

RESUMÉ TO BE COMPLETED AND RETURNED WITH YOUR INFORMATION REQUEST LETTER

FROM		TO		EMPLOYED or UNEMPLOYED					ATTENDING SCHOOL				RESIDENCE ADDRESS (Include City and Province)
Month	Year	Month	Year	NAME & ADDRESS	Not Emp	Full-Time	Part-Time	Prov	NAME & LOCATION	Full-Time	Part-Time	Prov	