



# Appeals Commission

for Alberta Workers' Compensation

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## Request for Transcript

Name of Applicant (or Representative)	Phone No. (      )		
Mailing Address			
Street Address	City	Province	Postal Code

Name of Appellant	Claim No.
Name of Respondent	Hearing Date

Name of Transcription Company	Phone No. (      )		
Contact Person	Fax No. (      )		
Address			
Street Address	City	Province	Postal Code

**Transcripts are produced verbatim. No omissions are allowed.**

Additional Comments
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I hereby give permission to the transcription service identified above to produce and deliver a copy of the completed transcript to the Appeals Commission at my expense. I also acknowledge and agree that the Appeals Commission has the discretion to share this transcript, or any portion thereof, with any internal or external stakeholders.

Applicant's Signature	Date
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