

Date: _____

ATTN: STUDENT RECORDS

School: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

RECORDS REQUEST:

The following student(s) has/have registered to attend our school effective: _____
(MM-DD-YYYY)

1. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)

2. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)

3. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)

Additional Information: _____

Please forward all pertinent student information with their G4 file(s) (including Transcripts, Permanent Record Card, Report Cards, Assessments, Individual Education/Behaviour Plans, etc.) whether considered confidential or privileged, to:

School/Address: _____

Phone/Fax No's: _____ Email: _____

Attention: _____, Administrative Assistant

PARENT/GUARDIAN AUTHORIZATION FOR FILE RELEASE:

I/We hereby authorize the release of the student G4 file/information as indicated above.

Signature of Parent/Guardian: _____ Date: _____

Phone: _____ Cell: _____ Email: _____

Signature of Parent/Guardian: _____ Date: _____

Phone: _____ Cell: _____ Email: _____