REQUEST AND AUTHORIZATION TO RELEASE STUDENT'S RECORDS

This form shall be used by The High Prairie School Division schools when requesting student records from other school jurisdictions.

Legal Name of Student: _____
SURNAME FIRST NAME MIDDLE NAME

Date of Birth: _____
MONTH DAY YEAR

Also known as: _____
(courtesy name if applicable)

Name of Previous School: _____

Grade: _____

Please release the student record of the above-named student to the school at the address below:

_____ _____
Principal's Signature Date

School Name: _____

School Address: _____
ADDRESS TOWN PROVINCE POSTAL CODE

References
Section 8(2) Student Record Regulations 97/2019