



# REQUEST FOR THE RELEASE OF STUDENT RECORDS

Date requested: \_\_\_\_\_

**School last attended:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**For the present school year, the following student(s) is/are registered at:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

LAST NAME	GIVEN NAME	BIRTHDATE	GRADE	ALBERTA EDUCATION ID#

Please forward the Student Record for the above named student(s) containing: permanent records, progress reports and/or final marks, academic assessments, medical records (physical/psychological) and any other pertinent confidential records to the above address as soon as possible.

Note that Section 2(1) of the *Student Record Regulation* for the Province of Alberta stipulates the information required to be included on the student's record. Section 2(2)(b) further permits the release of personal information related to the student where inclusion of the information would be "necessary to ensure the safety of students and staff." **Please contact me directly by telephone to advise if the student(s) is (are) considered to be at risk or requiring additional supports, or if these records are not available.**

Section 8(1) of the *Student Record Regulation* provides for the transfer of student records, specifically, "the board from which the student transfers shall, on receipt of a written request from that school, send the student record ...." If you have any questions regarding this request, please direct them to the undersigned.

Sincerely,

Principal

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I, the undersigned parent/guardian, certify that I am aware of the above request and that I approve such transfer of records.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date