

## STUDENT RECORDS REQUEST FORM

Date	
Please be advised that we h	nave registered our son/daughter –
	at
(Name of Student)	at (Name of School)
Please mail student records	to the following address:
<del>-</del>	
-	
This is your authority to forw school:	vard the following information to the above-named
Student Record Portfolio: _	(Signature of Parent or Guardian)
Confidential Records:	(Signature of Parent or Guardian)
NOTE: It is important that you include student's Alberta Education Identification number with the student file.	
The <b>previous</b> school attended is as follows:	
Name of School:	
Address:	
City/Town/Province	
Postal Code Registration Forms/Student Records Request 1	Form