



AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION

TO: The Principal

Please forward the student cumulative record for the following student who has recently been in attendance at your school.

Student Name:	
Address:	
Telephone Number:	
Date of Birth:	
Last School & Year Attended:	
Type of information required:	
Alberta Student Number:	

Please release this information to the following person, address &/or fax:

Principal Signature

Date

School:

Address: