



Date _____

Name of Previous School:

Fax: _____

REQUEST & AUTHORIZATION TO RELEASE STUDENT RECORDS

Please forward cumulative records and/or transcripts for the following student(s) reported to have attended your school prior to registering here.

Student	Grade Completed	Date of Birth (mm/dd/year)	Alberta Education Student ID Number

Sincerely yours,

Reo Ganson, Principal

Parent/Guardian Consent: By my signature I hereby authorize release of the cumulative records and/or transcripts, for educational purposes only, to College Heights Christian School for the above named student(s) whom I certify to be my child(ren) or legal wards(s).

Signature of Parent/Guardian

Date: _____