

Request and Authorization to Release Student's Record

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

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

**Assiniboia Composite High School  
Box 1300  
Assiniboia, SK  
S0H 0B0**

Permission is hereby granted to \_\_\_\_\_  
(Name of previous school)

\_\_\_\_\_  
(Address of previous school)

release the student record to the school at the address above.

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

\_\_\_\_\_  
(Signature of parent, guardian, or  
Independent student)