



# CHRISTINA LAKE ELEMENTARY SCHOOL

**DATE:**

**SCHOOL:**

## **STUDENT RECORD RELEASE/REQUEST FORM**

The student(s) listed below has/have registered at our school. Please forward all records including the **PSR, file folder, report cards, confidential files and any other pertinent information.**

<b>Name</b>	<b>Grade</b>	<b>Birthdate</b>

If these are not available, or if there are special circumstances surrounding these students, please contact me at your earliest convenience.

Sincerely,

SHAWN LOCKHART  
Principal

### **PARENTAL CONSENT:**

In accordance with the Freedom of Information and Protection of Privacy Act, School District No. 51 (Boundary) requires consent to use personal information for purposes related to educational programs. For this purpose, we request parental consent for the following:

#### **Student Records:**

I hereby authorize and give permission for the release of the complete student file, including any testing and psychological assessments that may be present and ask they be forwarded to:

#### **Christina Lake Elementary School, SD #51 (Boundary)**

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature