

# ASPEN VIEW PUBLIC SCHOOLS

Put an X beside appropriate school that student will be attending:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Boyle School                      | <input type="checkbox"/> EPC School (8-12 Athabasca) | <input type="checkbox"/> Grassland School        |
| <input type="checkbox"/> H.A. Kostash School ( Smoky Lake) | <input type="checkbox"/> LTI School (4-7 Athabasca)  | <input type="checkbox"/> Rochester School        |
| <input type="checkbox"/> Smith School                      | <input type="checkbox"/> Whp School (K-3 Athabasca)  | <input type="checkbox"/> Thorhild Central School |
| <input type="checkbox"/> CAVE                              |  | <input type="checkbox"/> Vilna School            |

REQUEST FOR AUTHORIZATION  
TO RELEASE STUDENT CUMULATIVE RECORD

\_\_\_\_\_  
(date)

**RE:** \_\_\_\_\_  
(surname of student) (first name) (middle name)

**Date of Birth:** \_\_\_\_\_ **Entering Applicable School at Grade** \_\_\_\_\_  
(year) (month) (day)

**Permission is hereby granted for the school (division) to release the Cumulative Record and any confidential information of the above named student to the school indicated above.**

\_\_\_\_\_  
(name of previous school)

\_\_\_\_\_ town / city province postal code

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

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## For Office Use Only:

Please send the record to the school address below:

Mailing Address of School that the student is now attending:

\_\_\_\_\_ Town: \_\_\_\_\_

Alberta Postal Code \_\_\_\_\_

Email Address: \_\_\_\_\_