



Date: _____

REQUEST FOR STUDENT RECORDS			
Last Name:		Grade:	
First Name:		Birth Date:	

To: _____ School: _____

Dear School Records Clerk

This student has now registered at Sk'il Mountain Community School. Please forward this student's complete school record, and any other pertinent information that may be helpful to this student's educational program, including the following:

- ✓ Permanent Student Record (Form 1704)
- ✓ Student Learning Plan
- ✓ Confidential Files (IEP, Assessments)
- ✓ Student General File
- ✓ Graduation Transition Plan

(Please withdraw this student from your Student Information System)

PARENT/GUARDIAN AUTHORIZATION

I, _____ (parent or guardian of the above named student), hereby authorize _____, to forward all student files listed above, to Sk'il Mountain Community School at the address above. I understand that any release of information, as requested on this form, is subject to terms and conditions of the *School Act*.

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature