



## Elk Island Public Schools

### REQUEST FOR AUTHORIZATION TO RELEASE PUPIL CUMULATIVE AND COUNSELLOR RECORDS

Student Name:

\_\_\_\_\_

Birthdate:

\_\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
Name of School Previously Attended

Phone No.: \_\_\_\_\_

\_\_\_\_\_  
School Address

Fax No.: \_\_\_\_\_

Permission is hereby granted to the \_\_\_\_\_  
(Name of school or jurisdiction if different from above.)

to release the above information regarding the above named student to:

The school or individual at the address below:

**Sherwood Heights Junior High School  
241 Fir Street  
Sherwood Park, AB T8A 2G6  
780-467-5930  
780-467-5931 (Fax)**

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)