



NOTRE DAME
Living · Loving · Learning

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

To: Name of School last attended: _____

Fax: _____

Please forward the Cumulative Records for the following student(s) to Notre Dame School, as soon as possible.

Please include: academic history (Grant Coding), assessment information, and health (physical/psychological) information necessary to provide appropriate programming.

Student	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by:

Monique Tellier-Phillips
Principal

Parental Consent:

By my signature, I hereby grant permission for the release of records and/or transcripts for the above-named student(s), whom I certify to be my child(ren) or legal ward(s).

Signature

Date

66 South Park Drive
Leduc, Alberta
T9E 7J1
780.986.9300 phone
780.986.9322 fax
www.nd.starcatholic.ab.ca

