# CUMULATIVE STUDENT RECORD REQUEST

☐ Request for authorization to release confidential pupil records

☐ Request for authorization to release pupil Cumulative Record

Student's Name: _____ _____ _____
SURNAME FIRST MIDDLE

Date of Birth: _____ _____ _____ Previous Grade: _____
MONTH DAY YEAR

Name of last school attended: _____

Address of school/jurisdiction: _____

City/Town _____

Province _____

Postal Code: _____

Phone number of last school: ( ) _____

Fax number of last School: ( ) _____

Please send the information to:

**Student Records**
Next Step Home Education
1604 Sherwood Drive
Sherwood Park, Alberta
T8A 0Z2

Permission is hereby granted to _____ to release
(Name of School or Jurisdiction)

information regarding the above-named pupil to Next Step Home Education.

_____ _____
Date Signature of Parent or Guardian

"The request for this information is in accordance with the School Act and Student Record regulations for the purpose of registering the student in the school and is subject to the provisions of the Freedom of Information Protection Act"

Revised: 9/13/12