



REQUEST FOR STUDENT RECORDS

DATE:

TO:

EMAIL:

FROM:

Attention Student Records:

The following student(s) has/have enrolled with (insert school name) starting (insert start date).

| LEGAL NAME | GENDER | DATE OF BIRTH | GRADE |
|------------|--------|---------------|-------|
| | | | |
| | | | |
| | | | |

- **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
- **Permanent Student Record Card**
- **Individual Education Plans (IEP):** if there is one for the student.
- **Support Services File (Confidential Files):** if there is one for the student including any confidential or other document pertaining to the above student from Psychologists, Social Worker, Speech/Language Pathologists, Counsellors, etc.

AUTHORIZATION FOR RELEASE OF STUDENT SCHOOL RECORDS

I confirm that I am the parent/guardian of the above-named student(s). I hereby authorize you to Release/share the above noted information about my child with School District 59 and to discuss information relevant to the planning of their school program with School District personnel.

 Print Parent/Guardian Name Parent/Guardian Signature Date

- For schools within BC using MyEd:**
- Withdraw student in MyEdBC
 - Change Next School in MyEdBC to (add school name)
 - Forward student files and records to (add school name)

Thank you,

 Margaret Movold
 Senior Secretary
 Don Titus Montessori