



**400 Sheppard Blvd.
Leduc, AB T9E 1C1
www.flcs.staratholic.ab.ca
780-986-0045 (phone)**

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

To: (Name of School last attended) _____

Fax: _____

Please forward the cumulative Records for the following student(s) to Father Leduc School, as soon as possible.

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

<u>Student</u>	<u>Birthdate</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by:

Tara Malloy

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