

WILLIAM ABERHART HIGH SCHOOL

French Immersion, Spanish Bilingual, English, and Advanced Placement 3009 Morley Trail N.W., Calgary, AB T2M 4G9 t | 403-289-2551 f | 403-777-7079

AUTHORIZATION FOR STUDENT RECORDS FROM INSIDE THE CBE

This form is to be used as a 'request for records' from an Educational institution inside of the Calgary Board of Education.

This is a statement of informed consent. Signature must be provided by the parent/guardian if the student has not reached the age of majority (18). If the student is 18 years or older, the student must sign this form providing consent.

Student Identification Information

Student's Full Name: Last, First, Initial.:	
Date of Birth: Year/Month/Day:	
Previous School Requesting Records from:	
School Name:	
School Address in full:	
School Telephone #:	School Fax #:
I hereby consent to the release to the Calgary Board of I records, and all records and reports of examinations, a educational assessments or program rendered to the above	Education, and to any duly authorized agent hereof, all the school and information of medication, psychiatric/psychological, and/or ve named student. ation Signatures
Name of Consenting Person, please print	Ms. Tamie Annis-Johnson, Principal
Signature of Consenting Person	Signature of School Official
Date	Date

PLEASE RETURN TO WILLIAM ABERHART HIGH SCHOOL,

ATTENTION: STUDENT SERVICES, as soon as possible.