

Request for Transfer of Student Records (2006)

Student Information

Student name: _____
Date of birth: _____ Provincial student number: _____
DD/MM/YYYY

I would like to request the following student records:

Type of student record: Cumulative record
 Confidential record

Student records to be transferred from:

School name: _____
School address: _____

Student records to be transferred to:

School name: Uniacke District School
School address: 551 Highway #1, Mount Uniacke, N.S. BON 1Z0
To the attention of: Matt Cohen
Title: School Counsellor

Student records requested by:

Name (please print): Matt Cohen
Title/relationship to student: School Counsellor

Signature:

Name of parent/guardian (please print): _____
Parent/guardian signature: _____ Date: _____
DD/MM/YYYY

Fax (902) 866-~~5128~~
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