



Request for Transfer of Records TO NLSchools

(To be completed by a NLSchools school to request transfer of records from a school in another province or country)

REQUEST TO THE SCHOOL PRINCIPAL:

School: _____

Address: _____

Name of Student: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Last grade attended: _____ Last date attended: _____

THE ABOVE-NAMED STUDENT HAS REGISTERED AT OUR SCHOOL. With the consent of the parent/guardian as provided below, we respectfully request that you forward this student's complete student record, including any confidential file, to our school:

Our School Name: _____

Address: _____

Phone #: _____

I hereby authorize and direct that information concerning my child be released to the Department of Education, Education Operations Branch, to the school listed above. This information is to be provided for the purposes of registering my child at school and providing educational programming and services.

NAME OF PARENT/GUARDIAN (PLEASE PRINT) Phone #: _____

SIGNATURE DATE

NAME OF PRINCIPAL (PLEASE PRINT)

SIGNATURE DATE

Office Use Only Request sent by: Email Fax Other

RECEIVED: Cumulative file Confidential file Other _____