

## **Chinook's Edge School Division**

4904 - 50 Street | Innisfail | Alberta | T4G 1W4 403-227-7070 | 800-561-9229 www.cesd73.ca | Where Students Come First!

Parent Name/Guardian	Signature of Parent or Guardian	Date
Permission is hereby granted to release school requesting information from all	se the official student record of pove.	to the
The following is to be completed ONLY	f if a record is being requested from outside Alb	erta.
Title:		
Name:		
Sincerely,		
Thank you for your cooperation.		
Paper records mail to:		
Digital records email to:		
	er, make pertinent PASI entries, and or forward a uploaded into PASI as per Student Records Regu	
	) has registered with ( rest of this academic school or this 2022-23 scho	
RE: Request for Student Records		
School Name and Address		
Date:		

The collection of personal information herein is collected pursuant to the provisions of the *School Act* and its Regulations. The *Freedom of Information and Protection of Privacy Act (FOIP)* and the *Vital Statistics Act*, as the collection is related directly to and is necessary to the School Boards' obligations to provide students with an education program that meets their needs and to provide a safe and secure school environment. All information collected pertaining to students will be kept confidential unless otherwise authorized in writing by the parent or guardian of the student.