

Request for Transfer of Student Records (2006)

Student Information

Student name: _____

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

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: Citadel High School

School address: 1855 Trollope St Halifax NS B3H0A4

To the attention of: Julie King

Title: Student Services Secretary

Student records requested by:

Name (please print): Julie King

Title/relationship to student: Student Services Secretary

Signature:

Name of parent/guardian (please print): _____

Parent/guardian signature: _____ Date: _____
DD/MM/YYYY