

École Manachaban Middle School

724 Chiniki Drive
Cochrane, Alberta T4C 1Y4
(403) 932-2215
Fax: (403) 932-6761



Ms. A. Kromm
Principal

Mr. G. Gaudet
Assistant Principal

Date: _____

School Name:	
Telephone No.:	
Fax Number:	

RE: REQUEST FOR SCHOOL RECORDS

This is to advise you that _____ is officially registered at École Manachaban Middle School for the _____ school year. Would you please forward his/her Cumulative Records, Confidential Files and any other pertinent information to the above address.

Thank you for your attention and cooperation in this regard.

A handwritten signature in blue ink that reads 'Anne Kromm'.

Ms. A. Kromm
Principal

PARENTAL AUTHORIZATION (not required for transfers within Alberta):

I, _____, hereby authorize release of any school records (such as Cumulative Records and confidential information such as psychological reports, etc.) pertaining to my child _____ which would assist this school in his/her evaluation and placement.

Parent/Guardian Signature

Date