



Northern Gateway
Public Schools

Hilltop High School

Request and Authorization to Release Student Records

Student _____ Grade Entering _____
Date of Birth _____
School Last Attended _____
School Address _____ Town _____
FAX# _____ Phone # _____
Province _____ Postal Code _____

Date Entered Hilltop High School _____

Please forward the cumulative record for the above-named student, including academic history (including any grant coding), assessment information, and any other pertinent information about the student(s), including health (physical/psychological) information necessary to provide appropriate programming, to address on letterhead as soon as possible.

Note that Section 2(1) of the Student Record Regulation for the Province of Alberta stipulates the information required to be included on the student's record. Section 2(6)(b) further permits the release of personal information related to the student where inclusion of the information would "be necessary to ensure the safety of students and staff." Please contact me directly by telephone at (780) 778-2446 to advise if the student is considered to be at-risk or requiring additional supports.

Section 6(1) of the Student Record Regulation provide for the transfer of student records, specifically, "the board from which the student transfers shall, on receipt of a written request from that school, send the student record..." If you have any questions regarding this request, please direct them to Hilltop High School.

Date _____ Parent's Signature _____
(if available)

Principal's Signature  _____