



RYLEY SCHOOL

Box 26, Ryley, Alberta TOB 4A0

Phone: 780-663-3682 Fax: 780-663-3804

CONSENT TO RELEASE RECORDS / INFORMATION

Legal last name, first name

Birthday yyyy/mm/dd

Alberta Education #

The above student has recently enrolled in our school. At your earliest convenience, would you please forward this student's Confidential Records, Student Cumulative Record, and any other pertinent information you think may be of assistance to us.

Previous School Student Attended: _____

Address: _____

Phone: _____

Fax: _____

Permission is hereby granted to release our child's Student Records;

Signature of Parent/Guardian
or **independent student

Date

**If the student has attained the age of 18 years at the time of signing, then he/she may sign on his/her own behalf.

“The Small School With A Big Heart”
Meeting the needs of all students while striving for excellence.