Annapolis Valley Regional School Board
RECORD OF ACCESS TO CONFIDENTIAL DOCUMENTS ENVELOPE
**** * * This form is to be inserted in or attached to the student's CDE. * * ****

Student Information:

Name: _____ DOB:_____
day/month/year

School: _____ Nova Scotia Student Number_____

Name of Person Accessing CDE	Date of Access	Purpose for Access	If applicable, Date of Transfer of CDE	If applicable Destination of CDE

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