

**Annapolis Valley Regional School Board**  
**Request for Transfer/Sharing of Student Records/Information**

**Student Information**

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Provincial Student Number: \_\_\_\_\_  
DD/MM/YYYY

**I would like to request the following oral or written student records:**

- Type of student record:  Cumulative record, or portion thereof
- Confidential record, or portion thereof
- Other confidential information

**Student records and or information to be transferred from/shared with:**

School/Agency Name: \_\_\_\_\_

School/Agency Address: \_\_\_\_\_

**Student records and or information to be transferred to/shared with:**

School/Agency Name: \_\_\_\_\_

School/Agency Address: \_\_\_\_\_

To the Attention of: \_\_\_\_\_

Title: \_\_\_\_\_

**Student records/information requested by:**

Name (please print): \_\_\_\_\_

Title/relationship to student: \_\_\_\_\_

**Signature:**

Name of parent/guardian/adult student (please print): \_\_\_\_\_

Parent/guardian /adult student: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

DD/MM/YYYY