DCSS - Central Campus

10701 10th St, Dawson Creek, BC 250-784-7676

REQUEST FOR STUDENT RECORDS

DATE:	ТО:		
EMAIL:	FROM:		
Attention Student Record	ds:		
The following student(s) ha	as/have enrolled with (inse	rt school name) starting (ir	sert start date).
LEGAL NAME	GENDER	DATE OF BIRTH	GRADE
by professional staff or o discipline matters and co the student(s). Permanent Student Rec Individual Education Pl Support Services File (utside agencies, student conc nsequences/interventions, be cord Card ans (IEP): if there is one for to Confidential Files): if there is ne above student from Psychological ELEASE OF STUDENT Sent/guardian of the above-rated information about my	luct, all safety concerns, susp havior plans and any other per the student. In some for the student including plogists, Social Worker, Speed CHOOL RECORDS	ertinent information regarding g any confidential or other ch/Language Pathologists, r authorize you to 59 and to discuss
Print Parent/Guardian Nan	ne Parent/Guar	dian Signature	Date
•		•	



dcss.sd59.bc.ca/cc/

January 2021

(250) 784-7676