

## Ecole Agnes Davidson School

2103 - 20 Street South, Lethbridge, Alberta, T1K 267, Phone (403) 328-5153, Fax (403) 320-1912 Principal Mme C Babin Assistant Principal Mme C Thorsen

Office of the Principal	_	Date	
D			
Dear Sir/Madam:			
Would you please send the c registered at our school. If y appreciate this also.	umulative and confidential re ou have any additional infor	ecords for the following student(s), who mation regarding these student(s), we w	
Name of Student	Present Grade	Date of Birth	
I hereby give my	consent for the release o	of the above requested records.	
Signature of pare	nt (guardian):		
Thank you.			
Sincerely, Mme Carolle Babin Principal			