

Annapolis Valley Regional School Board
Consent to Photocopy a Student Record (2006)

Student Information:

Student Name: _____

Date of Birth: _____ Day/month/year
Nova Scotia Student Number: _____

I hereby request a photocopy of the following information (please be specific):

Student records requested by:

Name (please print): _____

Relationship to student: _____

Signature: _____

(If applicable) Signature for consent by parent/guardian: _____

Date that the photocopies were requested: _____

Student records copied:

Authorized school signature: _____

Date that the photocopies were completed: _____

Note: Any costs for copying are the responsibility of the person making the request.