



# Rosthern Junior College

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## RELEASE OF CUMULATIVE FOLDER & SPECIAL EDUCATION FILE

Student's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Provincial Learning ID#: \_\_\_\_\_

Please circle either (a) or (b) and complete.

- a) **For students under 18 years of age:** I, parent/guardian, authorize the release of information contained in the cumulative record of the above named student, including any Special Education file and a transcript of marks, from the following school to Rosthern Junior College:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

- b) **For students 18 years of age or older:** I hereby authorize the release of information contained in the cumulative record of the above named student, including any Special Education file and a transcript of marks, from the following school to Rosthern Junior College:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ (Please print)  
Signature of Parent/Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_