



Rosthern Junior College

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RELEASE OF CUMULATIVE FOLDER & SPECIAL EDUCATION FILE

Student's Name: _____

Address: _____

Phone: _____

Birthdate: _____

Provincial Learning ID#: _____

Previous School: _____

Address: _____

Fax: _____ Email: _____

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:

Name of Parent/Guardian: _____ (Please print)

Signature of Parent/Guardian: _____

Date: _____

- 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:

Name of Student: _____ (Please print)

Signature of Student: _____

Date: _____