

Date: \_\_\_\_\_

Dear Principal:

RE: *student name(s)*

Permission is hereby granted for:

\_\_\_\_\_

*name of previous school*

\_\_\_\_\_

*address*

\_\_\_\_\_

*phone number*

\_\_\_\_\_

*fax number*

to release the complete student record file to the school listed below.

Forward to: **Roots Home Education**  
Attention: Tammy Eacott  
Box 68098 Crowfoot PO  
Calgary, AB T3G 3N8

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: (please print): \_\_\_\_\_

