

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): _____