Request for Transfer of Student Records

Student Information			
Date of birth:	DD/MM/YYYY	Provincial student number: _	
I would like to reque	est the following studen	nt records:	
Type of student reco	ord:		
	Transcript		
Student records to b			
School name:			
School address:			
Student records to b	e transferred to:		
School name:	Hants East Rural High	า	
School address:	2331 Highway 2, Milfo	ord, Nova Scotia, B0N 1Y0)
School fax:	902-758-4626		
To the attention of:	Kari Blaikie		
Title:	Administrative Assista	ant	
Student records req	uested by:		
Name (please print):			
Title or relationship	to student:		
Signature:			
Name of parent/guardian (please print):			
Parent/guardian sig	nature:		Date: