

**Lord Asquith School**  
*Prairie Spirit School Division #206*

**Request/Transfer of Cumulative Folder/Special Education File**

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

Requesting School: Lord Asquith School  
Box 40  
Asquith, Sask. S0K 0J0  
ATTENTION: Student Records

Sending School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student(s) listed below has (have) registered at Lord Asquith School for the \_\_\_\_\_  
academic school year as of \_\_\_\_\_:

Name	Grade:	Date of Birth:
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Please forward a transcript, pertinent information and/or cumulative record folder for the above-listed student(s) obtained while attending your school. Please include any **Special Education information**, including testing records and/or medical information, to assist in appropriate programming and placement.

Thank you for your assistance.

Ms. Leanne Gruending, Principal  
Lord Asquith School

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**Release of Confidential Information**

I, \_\_\_\_\_, (parent/guardian) authorize the release of cumulative file information for the above-named student(s). Please forward Psycho-Educational assessment reports or Achievement Test results, including test results and/or medical information, to Lord Asquith School.

\_\_\_\_\_  
Signature of Parent/Guardian

Please forward cumulative records and all other confidential information to Lord Asquith School to the above address. Thank you for your prompt attention to this matter.