



BETHLEHEM CATHOLIC HIGH SCHOOL

110 Bowlt Crescent
Saskatoon, Saskatchewan
S7M 0L1
Telephone (306) 659-7900
FAX (306) 659-2203

RELEASE OF CUMULATIVE FOLDER

To _____ FAX _____
(Name of Last School Attended)

The following student has enrolled at Bethlehem Catholic High School:

Student's Name _____ Grade _____

Birthdate (mm/dd/yy) _____

(a) For students under 18 years of age

I, parent/guardian hereby authorize the release of information of the above-named student:

Parent /Guardian Signature Date

(b) For students 18 years of age or older

I, hereby authorize the release of information:

Signature Date

- Please forward the **cumulative folder** for the above-mentioned student record, of marks obtained while attending your school and any other pertinent information.
- If the student is from **Saskatchewan**: We require the most recent transcript from the Department of Learning in Regina that is available.
- If the student is from **outside the province**: The Saskatchewan Department of Learning requires an official statement of marks signed by the principal and/or bearing an official seal of the school.

Please forward to: Bethlehem Catholic High School
Student Services
110 Bowlt Crescent
Saskatoon, SK S7M 0L1

Receiving School Principal: Mrs. Hanlan-Stroh

Office Use Only	
_____ Date Requested	_____ Date Received