GET MLEMEM	
STARS	
BETLEHEM CATHOLIC HIGH	SCHOOL
110 Bowłt Crescent	
Saskatoon, Saskatchewar S7M'0L1	n
Telephone (306) 659-790	0
FAX (306) 659-2203	
RELEASE OF CUMULATIVE	FOLDER
To FAX_	
(Name of Last School Attended)	
The following student has enrolled at Bethlehem Catholic High Sch	nool:
Student's Name	Grade
Birthdate (mm/dd/yy)	
Birthdate (mm/dd/yy)	
(a) For students under 18 years of age	
I, parent/guardian hereby authorize the release of inform	ation of the above-named student:
Parent /Guardian Signature	Date
	2
(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-mentior 	and student record of marks obtained while
attending your school and any other pertinent information.	ned student record, of marks obtained while
 If the student is from <u>Saskatchewan</u>: We require the most re 	ecent transcript from the Department of Learning
in Regina that is available.	
 If the student is from outside the province: The Saskatchew 	
statement of marks signed by the principal and/or bearing a	in official seal of the school.
Please forward to: Bethlehem Catholic High Scho	
Student Services	
110 Bowlt Crescent	
Saskatoon, SK S7M 0L1	
Receiving School Principal: Mr. Brandon Stroh	
-	Office Use Only
	19-14、1月時には、19-14-14、19-14、19-14-14、19-14-14、19-14-14、19-14-14、19-14-14-14-14-14-14-14-14-14-14-14-14-14-
·	i and a second secon
	Date:Requested Date Received

GREATER SASKATOON CATHOLIC Schools

Student Name	Date of Birth	Current School
Release Information	<u>n</u> :	N N
l give consent to Grea	ter Saskatoon Catholic Schools to release	(specify information)
for the purpose of		(specify information)
	(specify purpose)	,
Name/Agency	Address	Telephone #
Name/Agency	Address	Telephone #
obtain Educat	(specify GSCS personnel) (specify GSCS personnel) (specify information) (specify information)	
Name/Agency	Address	Telephone #
Name/Agency	Address	Telephone #
	net Catholic High Sch	
at Bethlet		
nderstand this request to	o obtain and/or release information. This request is ne, except to the extent that action based on this cor	s voluntary. I understand that I may cancel this
nderstand this request to nsent in writing at any tim	o obtain and/or release information. This request is	s voluntary. I understand that I may cancel this
nderstand this request to nsent in writing at any tim pire after one year. ame of parent/guardian	o obtain and/or release information. This request is ne, except to the extent that action based on this cor Signature	s voluntary. I understand that I may cancel this nsent has already taken place. This consent will
nderstand this request to nsent in writing at any tim pire after one year. ame of parent/guardian	o obtain and/or release information. This request is ne, except to the extent that action based on this cor Signature s of age or older) Signature	s voluntary. I understand that I may cancel this neent has already taken place. This consent will Date
nderstand this request to nsent in writing at any tim pire after one year. ame of parent/guardian ame of student (18 years For Office Use Onl	o obtain and/or release information. This request is ne, except to the extent that action based on this cor Signature s of age or older) Signature	s voluntary. I understand that I may cancel this neent has already taken place. This consent will Date