

LOYOLA, SCHOOL OF ADULT & CONTINUING EDUCATION

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STUDENT RELEASE OF RECORDS

Date:	
То:	Principal/Head of Guidance
School:	
Address:	
RE:	Student Name:
	Date of Birth:
	Year of Leaving:
	, hereby grant permission to ial student transcript and/or my Ontario Student Record or equivalent, ol of Adult and Continuing Education.
I was registered by the name ofwhen I attended your school.	
Student Signatu	ıre Date
Dato	

