

NOTICE OF RETAINED DOCUMENTS

This notice is to advise the recipient that the Lloydminster Catholic School Division possesses confidential reports for the student listed below. Please indicate below which reports you wish to receive, if any.

Please Note: A completed school/school division form granting permission from the writer for release of confidential information is required before third party documents will be forwarded.

Student's Name: _____ School: _____

1. Medical / Health Reports

Date:	Writer	Address	Phone
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2. Social Services Reports

Date:	Writer	Address	Phone
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3. Other Reports

Date:	Writer	Address	Phone
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If you have any questions, please feel free to contact me. Thank you.

Sincerely,

Name

Position

