

ÉpStan Feedback Request Form

Access to ÉpStan Feedback from Previous Years

(to be completed and signed by the parent/legal guardian)

1. Information of the Parent/Legal Guard	
Email Address:	Phone Number (optional):
2. Information of the Child Full Name of the Child:	
Matricule:	
3. Information of the Current Head Teac Full Name:	
Email Address:	
4. Requested Feedback(s) Please indicate the academic year(s) and corresp	oonding grade(s) for which you request feedback:
Academic Year	Grade Level (e.g., 2.1, 3.1, 4.1, 7e, 5e)
5. Procedure Overview	
Submit the form to your child's current head t forward it to the ÉpStan cycle/school coordinat solution provider. Itrust will retrieve the ÉpStan	pStan assessments, please complete and sign this request form. eacher/régent. The teacher/régent will verify your request and tor who will introduce your request to itrust as the ÉpStan TTP identification number and transfer the request (excluding your cessed, the feedback will be made available to the teacher/régent
6. Consent and Data Protection	
By signing below, I confirm that I am the legal go	uardian of the child named above. I consent to the processing of
previous years. I understand that this request r	for the purpose of retrieving my child's ÉpStan feedback from may involve sharing data between my child's school, itrust, and parties will handle the data in compliance with applicable data
Date: Signature of Pa	arent/Legal Guardian:

You need to submit the completed form to your child's current teacher / régent.