Surrey Schools

AUTHORIZATION FOR RELEASE OF INFORMATION

OPTIONAL FORM: Used by School District Counselling & Education Support Services

*Date:*____*(consent is valid for one year from signing date)*

Re: *Student Legal Name*______________________________________ *Birth Date* ______________________

Personal Health Number (if applicable) ____________________________

Consent

☐ Permission is granted for the release and exchange of information regarding the above named student for the purposes of developing a better understanding of the student, and to assist in the developing of appropriate academic, social and behavioural programming.

☐ I understand and give permission for these people to attend planning meetings with me.

☐ I understand that I may add or remove any names from this list at any time, or specify any limitation to this consent.

☐ I hereby release persons/agencies, from any and all claims whatsoever which may arise as a result of the release of the above information.

Parent /Guardian, person authorized to sign:

____
Print name

____
Signature

Person/Agency contacts: *(fill-in as needed)*

*Person*____________________________________*Phone*____________________ *Fax*__________________

*Agency*____________________________________*Address* ____

*Person*____________________________________*Phone*____________________ *Fax*__________________

*Agency*____________________________________*Address* ____

*Person*____________________________________*Phone*____________________ *Fax*__________________

*Agency*____________________________________*Address* ____

*Person*____________________________________*Phone*____________________ *Fax*__________________

*Agency*____________________________________*Address* ____

*Person*____________________________________*Phone*____________________ *Fax* __________________

*Agency*____________________________________*Address* ____

School Personnel requesting information/consultation:

Name:______________________________________Position: __________________________________

Address/Postal Code:____

Telephone:_____________________________________Fax: _____________________________________

Surrey School District 36 - Student Support - Education Services Department 14033 92nd Avenue, Surrey, B.C. V3V 0B7
Tel: (604) 596-7733 *Fax:* (604) 595-6105 *www.surreyschools.ca*