School District 78
Fraser-Cascade

650 Kawkawa Lake Road, Hope, B. C. V0X 1L4

Phone (604) 869-2411
Fax (604) 869-7400

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____ hereby give my written consent to have

_____
(Name of previous school district or agency)

_____
(Address)

release the student folder, permanent record card and all pertinent medical, psychological, or psychiatric (including social history, all hospital testing and assessments) information which pertains to my child,

Name: _____D.O.B.:_____

to _____
(Name of receiving school district or agency)

at _____
(Address)

I also give consent to allow the above said agency to share information with:

_____
(Name of receiving school district or agency)

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

Signature:_____

Address:_____

Phone No.:_____

Date:_____