

ST. JAMES ASSINIBOIA SCHOOL DIVISION

JRA-E-2 LL#228171

EDUCATIONAL SUPPORT SERVICES

1 Braintree Crescent Winnipeg, Manitoba, R3J 1C7 Phone No. (204) 885-7594

AUTHORIZATION TO EXCHANGE INFORMATION

rn	, attending _	So	chool
th the following	professionals and/or age	encies:	
ide the numbered line	e(s) below if a written request for int I below. If no Professional/Agency is	nd phone/fax number. Please <u>indicate with a check mark</u> formation needs to be sent by Educational Support Servic checked off, this form will be filed in the student's master f	ces to
1			_
2			_
3			_
			_
5			
CGC will be copies of all All information	forwarded to Educational Support S relevant information. I understand that on is to be requested by Educational sent to the school to be kept in clinical	GC) files are being requested, the clinical records from ervices (ESS) in order for the school division to make t this file will be returned to CGC within two (2) months. I Support Services only. Received information will be all file. Master copy is kept in clinical file at Educational	
Witness Signati	ure	 Parent/Guardian Name – Please pr	 rint
J		·	
Date		Parent/Guardian Signature <u>OR</u> students over 18 years of age	dent i

This personal information is collected under the authority of the Public Schools Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of maintaining student records. If you have any questions about the collection contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, 204-888-7951.