



ST. JAMES ASSINIBOIA SCHOOL DIVISION

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, do hereby authorize the
_____ to provide information
concerning my medical suitability in relation to my possible employment with the
St. James-Assiniboia School Division.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act (PSA), the Personal Health Information Act (PHIA) and the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used and disclosed for personnel administration and payroll purposes. I understand that any other collection, use or disclosure of this personal information will not be permitted without my consent, unless authorized under the PSA, PHIA or FIPPA. Furthermore, any questions I have about the collection, use or disclosure of this information, can be directed to the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.

Signature: _____ Date: _____

Also See GBGAC and GBGAC-E

APPROVED 01-23-90 Motion 02-04-90

REVISED 05-14-96 Motion 09-20-96

REVISED April 26, 2005 Motion 08-02-05 (Former GBEB-E1)