

CONSENT TO DISCLOSE PERSONAL INFORMATION TO PARENTS/GUARDIANS

AGE OF MAJORITY

Students 18 years of Age or Older			
Student's Last Name		First	Initial
Date of Birth/ Year	/ Month Day	-	
I give related informatio reports to my pare	n, such as acader	School permiss nic progress, attendanc	
Parent/Guardian Name:			
Parent/Guardian Address	:		
City & Postal Code:			
Telephone Number:	Home	Work	
Dated this	day of	, 20	
	gress, attendance		ports.
	n, such as acader	School permiss nic progress, attendanc	
Student Signature:			
Witness (Must be 18 year	s or older)		
Date of Receipt by Schoo	I Administrator	Init	als
This release form must b		ter the student's 18 th bir ninistration Office.	hday and returned to

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