



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 \_\_\_\_\_ School permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

I do not give \_\_\_\_\_ School permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City & Postal Code: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Student Signature: \_\_\_\_\_

Witness (Must be 18 years or older) \_\_\_\_\_

Date of Receipt by School Administrator \_\_\_\_\_ Initials \_\_\_\_\_

This release form must be signed on or after the student's 18th birthday and returned to the School Administration Office.

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.