

CONSENT TO THE DISCLOSURE OF INFORMATION

I, _____, of the Town of _____, in the Province of _____, hereby give my written consent to the representatives of Grande Yellowhead Public School Division #77, to disclose all personal or confidential information that they have about me/mychild to:

NAME OF PERSON OR ORGANIZATION:

ADDRESS OF PERSON OR ORGANIZATION:

I _____, parent/guardian of _____ want this information released because:

I _____, parent/guardian of _____ understand why I have been asked to disclose this individually identifying information and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of this individually identifying information. I understand that I may revoke this consent at any time. This authorization shall continue in force until such time as it is revoked in writing.

Dated at the town/city of _____, in the Province of _____, this _____ day of _____, 20_____.

Name (please print)

Witness Name (please print)

Signature

Witness Signature