**Authorization to Exchange Information**

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| School: |  | Birthday: |  |

**Parent/Guardian Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Relationship: |  |
| Contact Address: |  | | |
| Phone: |  | Email: |  |

Your authorization is requested to exchange or submit information about your child. Please return this form to:

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I authorize Greater Victoria School District, to mutually exchange information with:

Information to be release: Medical, therapy and progress reports

Purpose of the request: To plan appropriate educational programming. In order to access Special Education services, the Ministry requires school districts to have documentation to support that the student has been appropriately assessed and identifies as meeting the criteria of the Special Education category.

This authorization takes effect the day that you sign it and expires on year from the date of the

signature. You may revoke this authorization at any time.

I consent to the exchange or release of the information

I refuse consent to the exchange or release of the information

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Signature Date

\*Due to COVID-19, we are accepting typed signatures until further notice.