



DISTRICT TEAM

556 BOLESKINE ROAD, VICTORIA, BRITISH COLUMBIA V8Z 1E8

Phone (250) 475-4157 Fax (250) 475-4238

CONSENT FOR RELEASE OF INFORMATION

Student Information

Name:	
School:	DOB: <small>mm/dd/year</small>

Parent/Guardian Information

Contact Name:	Relationship:
Contact Address:	
Phone and Email:	

I hereby authorize _____ of the Greater Victoria School District to mutually exchange information with:

- _____
- _____
- _____
- _____

The information is shared for the purpose of the following:

- Obtaining information and/or records from other appropriate agencies or their agents
- Releasing information and/or records on a strictly confidential basis to other appropriate agencies and their agents
- Discussing pertinent information with representatives from appropriate agencies on a strictly confidential basis
- Assisting in appropriate educational programming
- Supporting counselling services

Date: _____ Parent/Guardian Signature: _____