**CONSENT FOR RELEASE OF INFORMATION**

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| School: |  | DOB: |  |

**Parent/Guardian Information**

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

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Signature Date

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