

# CANADA SCHOOL

## Consent for Release of Information Parent / Guardian / Adult Student

Student Name:	
Birthday (mm/dd/yyyy):	
Address:	
Telephone Number:	

I \_\_\_\_\_  
*Type/Print Name of Parent / Guardian / Adult Student*

hereby authorize Mrs. D. Reid of Canada eSchool  
to release information to / to obtain information from

\_\_\_\_\_ **Guidance Dept.** \_\_\_\_\_  
*Name and Position*

\_\_\_\_\_ *School / Agency*

\_\_\_\_\_ *Telephone*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *Postal Code*

Information Requested: Transcript and OSR file access (school records)

Purpose: Enrolled in our school (Assessment, Consultation, Programming, etc.)

This authorization is valid for one year from the date of signature and can be revoked in writing at any time. This consent is given voluntarily.

I hereby acknowledge that I will have no claim against Canada eSchool arising from information obtained or released as specified.

\_\_\_\_\_  
*Parent / Guardian / Adult Signature (by hand or digital)*

\_\_\_\_\_  
*Date*