

# RELEASE OF CONFIDENTIAL INFORMATION

Student's Name \_\_\_\_\_

Birthdate: \_\_\_\_\_

Present School: \_\_\_\_\_

**Please complete either (a) or (b).**

a) For students under 18 years of age:

I, \_\_\_\_\_, of the above named student authorize Greater  
(Parent/Guardian)

Saskatoon Catholic Schools to release information contained in the student record.

\_\_\_\_\_  
Signature Date

b) For students 18 years of age or older:

I, \_\_\_\_\_, authorize Greater Saskatoon Catholic Schools  
(Student)

to release information contained in the student record.

\_\_\_\_\_  
Signature Date

- Give consent to Greater Saskatoon Catholic Schools to **obtain** relevant information or documents to assist in educational programming.
- Give consent to Greater Saskatoon Catholic Schools to **release** any relevant information or documents to assist in education programming.
- Given consent to Greater Saskatoon Catholic Schools to disclose any pertinent information to **third parties**.

Agency/Person	Address	Postal Code	Fax Number	Phone Number

**For Office Use Only**

Date Request Received \_\_\_\_\_

Date of Release \_\_\_\_\_

Release By \_\_\_\_\_