**School District 5 (Southeast Kootenay)**



**Request Release of Student Records to SD5**

**School Name**

**School Address**

**Phone: Fax: Email:**

# PARENTAL CONSENT

In accordance with the Freedom of Information and Protection of Privacy Act, School District 5 (Southeast Kootenay) requires consent to use personal information for purposes related to educational programs. For this purpose, we request parental consent for the following:

**Student Records**

I give permission to release the student records (confidential student file) they have on file for my child/ren to (School Name) in School District 5 (Southeast Kootenay).

Student’s Name: Grade: DOB:

Student’s Name: Grade: DOB:

Student’s Name: Grade: DOB:

Signature: Date:

(Parent/Guardian)

**PREVIOUS SCHOOL INFORMATION:**

School Name:

Address:

Phone: Fax:

Email: