



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

Kemptville, Ontario K0G 1J0
Phone: (613) 258-7757 or 1-800-443-4562
Fax: (613) 258-7134

PARENTAL CONSENT FOR RELEASE OF INFORMATION

Date: _____

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____

I hereby authorize _____
to share the following information with: _____
(Agency and/or Individual)

Name: _____

Address: _____
as per category(ies) indicated by my signature below.

Psychoeducational Information: _____ *Date:* _____
(Parent/Guardian Signature)

Educational Information _____ *Date:* _____
(Parent/Guardian Signature)

Clinical Intervention Information: _____ *Date:* _____
(Parent/Guardian Signature)

Health/Medical Information: _____ *Date:* _____
(Parent/Guardian Signature)

Speech/Language Information: _____ *Date:* _____
(Parent/Guardian Signature)

Witness Signature: _____ *Date:* _____

I DO NOT GIVE MY CONSENT for release of information at this time.	
<i>Parent/Guardian Signature:</i> _____	<i>Date:</i> _____
<i>Witness Signature:</i> _____	<i>Date:</i> _____

THIS FORM WILL CEASE TO BE VALID TWELVE MONTHS FROM THE DATE OF SIGNING

Distribution: Original → Agency; Copy → OSR; Copy → Coordinator of Special Education; Copy → Parent/Guardian