



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

PARENTAL CONSENT FOR RELEASE OF INFORMATION

Date: _____

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____

I hereby authorize

Name/Agency: _____

Address:

to release information to to obtain information from

Name: _____

Address: _____

Information to be released and/or obtained:

Signature of Parent or Guardian

Date

Signature of Witness

Date

I DO NOT GIVE MY CONSENT for release of information at this time.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____