



COMMISSION SCOLAIRE SIR-WILFRID-LAURIER
SIR WILFRID LAURIER SCHOOL BOARD

CONSENT FOR INFORMATION FORM

CONCERNING:

Name of student: _____	Date of birth: _____
Address: _____	DAY MONTH YEAR
E-mail address: _____	Home Telephone: _____
Name of Parent 1: _____	↪ Telephone: _____
Name of Parent 2: _____	↪ Telephone: _____

I HEREBY AUTHORIZE RELEASE OF THE FOLLOWING INFORMATION:

<input type="checkbox"/>	Academic Records	<input type="checkbox"/>	Health Records	<input type="checkbox"/>	Professional Reports _____
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FROM:

	NAME	PROFESSION	INSTITUTION	TEL #	FAX #
1					
2					
3					
4					
5					
6					

TO:

Administrative Unit:	Pedagogical Services Department
Attention ↪	
Institution:	Sir Wilfrid Laurier School Board
Address:	239, montée Lesage Rosemère, Québec J7A 4Y9
Telephone: (450) 621-5600	Fax: (450) 965-4208

This authorization is valid for the current school year and can be revoked at any time.

Date

Signature of holder of parental authority or student aged 14 and over

(Please make a copy of this form for your records)