



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:

Academic Records	Health Records	Professional Reports _____
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### FROM:

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

### TO:

<b>Administrative Unit:</b>	Pedagogical Services Department
<b>Attention</b> ⇒	
<b>Institution:</b>	Sir Wilfrid Laurier School Board
<b>Address:</b>	239, montée Lesage Rosemère, Québec J7A 4Y9
<b>Telephone:</b> (450) 621-5600	<b>Fax:</b> (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)***