



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

## CONSENT FOR RELEASE OF INFORMATION

### CONCERNING:

Name of student:	Date of birth:			
		DAY	MONTH	YEAR
School:	E-mail address:			
Home Address:	Home Telephone:			
Parent 1:	⇒ Cell Number:			
Parent 2:	⇒ Cell Number:			

### 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  / TO  (Check appropriate box.)

	NAME (Family Name, First Name)	ROLE / POSITION	INSTITUTION	TELEPHONE NUMBER	E-MAIL ADDRESS
1					
2					
3					
4					
5					

TO  / FROM  (Check appropriate box.)

<b>Administrative Unit:</b>	Pedagogical Services Department	
<b>Attention:</b>		
<b>E-mail address:</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
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(Please make a copy of this form for your records.)

