



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

CONSENT FOR RELEASE OF INFORMATION

CONCERNING:

Name of student:		Date of birth:			
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.)

Administrative Unit:	Pedagogical Services Department
Attention:	
E-mail address:	
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.)

