**SCHOOL DISTRICT NO. 50 (HAIDA GWAII/QUEEN CHARLOTTE)**

**BOARD POLICY MANUAL**

**4600-1 CONSENT TO RELEASE RECORDS**

**Adopted:** December 2003

**Last Revision: \_\_\_\_\_\_\_\_\_\_\_\_\_**

I, hereby authorize

 *(individual/organization/school)*

to release information on *(student name)*

to *(individual/organization)*

This information is, or may be necessary for the following purpose:

This information will be limited to the following specific types:

This consent can be cancelled by the signer at any time, and if not already cancelled, it will automatically expire on . .

 (Parent or Guardian Signature) (Parent or Guardian Name – please print)

Dated: