

PEACE WAPITI PUBLIC SCHOOL DIVISION NO. 76

Confidentiality of Student Records Release Form – Exhibit 2

TO WHOM IT MAY CONCERN:

As a parent (or legal guardian) of _____, I hereby authorize a full study of my child and whatever assistance possible to be given by the members of the Pupil Personnel Staff.

I further authorize the release of the appropriate records for this child from: *(here list the names and addresses of the professional people who may have relevant information)*

- 1. FAMILY DOCTOR: _____
- 2. _____
- 3. _____
- 4. _____

I wish this information to be further released only to:

- 1. Director of Pupil Personnel Services _____
- 2. _____

(Date)

(Parent's Signature)

(Witness)

(Witness)

Dear Sirs:

We would prefer to discuss this matter with you first. You may contact us by telephoning _____ in order to arrange an appointment.

(Child's School)

(Parent's Signature)