HOPE SECONDARY SCHOOL

School District No.78 (Fraser-Cascade)

Box 249, Hope, BC V0X 1L0
T| (604) 869-9971 F| (604) 869-8471
www.hopesecondary.com

RELEASE OF CONFIDENTIAL INFORMATION

As parent(s)/guardians(s) of:

Student Name: _____ _____
LAST **FIRST**

Date of Birth: _____ _____ _____
YEAR **MONTH** **DAY**

I (We) hereby authorize: _____
SCHOOL

to release the following confidential records concerning the above named child:

- Any pertinent medical, psychological, or psychiatric information (including social history, all hospital testing and assessments
- Any legal letters, custodial or court documents
- Any learning support services documents and/or behavioral assessments

To the following person(s) or agency:

_____

_____

_____

Signature: _____ Date: _____

Signature: _____ Date: _____