AP 320.5

AUTHORIZATION TO RELEASE INFORMATION FROM THE CHRIST THE TEACHER R.C.S.S.D. # 212

Name of Student **Grade** **Birth Date**
(YYYY-MM-DD)

I hereby authorize the Christ the Teacher School Division to share and receive information regarding my child through consultation and/or documents with the following person(s) or organization(s):

Name	**Agency**	**Phone #**

Consultation

Document(s) Released:	**Report Date:**

I authorize the release of this information:

Signature of Student (18 years or older) Date

Signature of Parent/Legal Guardian (for student under 18 years of age) Date

Principal's Signature Date

Christ the Teacher R.C.S.S.D. #212
45A Palliser Way
Yorkton, SK, S3N 4C5