

Consent to the Release of Confidential Information

I(We) _____
(Print full name: First Name, Last Name)

of _____
hereby consent to the release of the following information:

(e.g., "Psychological Reports, including subtest scores", "Educational Reports",
"Speech/Language Reports", "Social Work Reports", Individual Education Plans", Annual Plans",
etc)

compiled/prepared by _____
(Name of institution, agency or person) (Address)

in respect of _____
(Name of student) (Date of Birth:dd/mm/yr)

(School)

to _____
(Name of institution, agency or person)

for the purpose(s) of _____
(e.g., Intake, Assessment, IPRC meeting, educational planning, etc)

Special Instructions: _____

Signature(s) _____ Witness _____

(Relationship to student)

Dated this _____ day of _____

Expiry Date* _____ (maximum one year)

*Authorizing person(s) may cancel or change the above authorization in writing at
any time prior to the expiry date, unless action has already been taken on the
basis of the authorization.