



School District #71 (Comox Valley)
School Name: **Lake Trail Middle School**

CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby consent to the release of the

(please check one) (parent/guardian) OR (adult student)

following information:

- Student Records (*reports, letters, legal documents e.g.: copy of birth certificate, medical cards, court orders*), Permanent Educational Records
- Learning Assistance file (if applicable)
- Confidential File (*e.g. Psychology Reports Speech and Language Reports, Physiotherapy/Occupational Therapy Reports, Dr.'s letters, etc.*) if applicable - Attention "Receiving" School Secretary please forward the confidential file to Student Services Dept.

For the purpose of providing an educational program for the following student:

This information is considered confidential and will be treated accordingly.

Student Name: _____

Date of Birth: _____

School/Agency releasing information: _____

School receiving information:

School District #71 (Comox Valley)

Lake Trail Community Middle School

805 Willemar Ave, Courtenay, BC V9N 3L7

Phone: 250-334-3168

Fax: 250-338-4315

Email:

Date: _____

Signature of: _____

(parent/guardian) or (adult student)

(please check one)

Parent/Guardian or (Adult Student) Address:

Relationship to student: _____