

AP 112-1 Release of Confidential Information (Red Folder)

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

Student Name: _____

Date of Birth: _____
year month day

I (We) hereby authorize:

School Name _____, Abbotsford School District No. 34

Address: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Custody/Restraining Orders | <input type="checkbox"/> Behaviour Assessments |
| <input type="checkbox"/> Legal Matters | <input type="checkbox"/> ESL/LAC Reports |
| <input type="checkbox"/> Medical/Health Reports | <input type="checkbox"/> Psychologist Reports |
| <input type="checkbox"/> Parent Release Forms | <input type="checkbox"/> School Based Team Reports |
| <input type="checkbox"/> Student Services Referrals/Reports | |

to the following person(s) or agency.

Signature: _____

Date: _____

Signature: _____

Date: _____