



SD85 Vancouver Island North

PO Box 90, 6975 Rupert Street

Port Hardy, BC V0N 2P0

Phone: 250-949-6618

Fax: 250-949-8792

(www.sd85.bc.ca)

RELEASE OF CONFIDENTIAL INFORMATION

Name: _____

Address: _____

Date of Birth: _____
Year month day

I hereby authorize School District No. 85 (Vancouver Island North) to release the following:

Transcript of Grades (copy only)

Official Transcript of Grades

Personal Record Card (copy only)

Official copy of Personal Record Card

Other: _____

To the following person(s), school district, or agency:

Name: _____

Address: _____

Phone _____

Signature (student)

Date

*Parent/Legal Guardian must sign if student is under 18yrs of age

Parent/Legal Guardian Name (**Print**) _____

OFFICE USE ONLY

Verified Identification (Photo ID, known to employee, etc.)

Employee Signature

Date

This release is effective for one year from the date of signature.

Updated: Aug 2017