School District No. 85 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

(Outside Agencies)

Student's Name: _____ PEN:_____

Date of Birth:_____ _____ _____
year *month* *day*

I (We) hereby authorize School District No. 85 (Vancouver Island North) to:

- ❑ Obtain information and/or records from other appropriate agencies and/or their agents

  *Name of Agency*_____

  *Contact Information*_____

  _____

- ❑ Discuss pertinent information with representatives from appropriate agencies on a confidential basis

  *Name of Agency*_____

  *Contact Information*_____

  _____

- ❑ Other:_____

  *Name of agency*_____

  *Contact Information*_____

  _____

_____ _____
Signature ***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*