

# NANAIMO LADYSMITH PUBLIC SCHOOLS



School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Authorization to Release Information

<b>Student Name</b>	<b>Date of Birth</b>
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I hereby authorize Nanaimo Ladysmith Public Schools (SD68) to release information about my child to the following individuals or organizations as listed below.

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Item(s) to be Released	To Whom it will be Released	PHONE FAX	Mailing Address

**Comment(s):**

Principal's Signature: \_\_\_\_\_

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 97 (2) of the School Act. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information and Privacy Officer, School District 68 (Nanaimo-Ladysmith), 395 Wakesiah Avenue, Nanaimo, BC V9R 3K6 – Telephone (250) 754-5521.