



## Release/Obtain Information Consent Form

To assist both parents and school staff in better understanding a child's needs, it is sometimes necessary to share confidential information with other professional personnel and agencies. To provide or obtain this information, School District No. 87 (Stikine) must have your written permission.

Student's Name: _____	Birth Date: _____
School: _____	Grade: _____

Please check the appropriate box:

<b>Consent to Release Information to:</b> _____
<b>Consent to Obtain Information from:</b> _____

Parent/Guardian Signature: _____
Date: _____