Suite 601 Atlantic Place
215 Water Street
St. John's, NF, A1C 6C9
Tel: (709) 758-2372
Fax: (709) 758-2706
Website: www.esdnl.ca

RELEASE OF INFORMATION TO THE EASTERN SCHOOL DISTRICT

1. I hereby authorize and direct that:

_____

(Name of party holding information which is to be provided to the Eastern School District)

Check **A** and/or **B:** _____ (a) provide access to and disclosure of
_____ (b) forward a copy of

information concerning _____ _____
(Name of student) (Date of Birth)

to _____
(Name of Board employee to whom information is to be released and receiving school)

for use by the Eastern School District and to assist the Board by discussing and interpreting such information.

2. The information requested is _____

_____
(Insert accurate description of information to be released)

3. This request is made for the purpose of _____

_____
(State purpose of request)

4. I fully understand why this information is to be provided.

5. This request can be cancelled by a letter in writing delivered to the Eastern School District.

_____ _____
(Signature of parent/caregiver) (Date and Time)

_____ _____
(Print or Type name of parent/caregiver) (Signature of Witness)

_____ _____
(Address) (Print/Type Name of Witness)

_____
(Relationship to student)

PLEASE NOTE: Information is to be sent to the designated school within the district NOT to the Eastern School District Office.

- **Copy to Student Record**