



Parkland Secondary School

An Innovative, Inspiring, Inclusive Learning Community



AUTHORIZATION TO REQUEST AND RELEASE CONFIDENTIAL INFORMATION

Student's Name: _____

Date of Birth - d/m/yr : _____

I / We give _____ School permission to release confidential files about my student to the following school / school district:

Parkland Secondary School SD #63

10640 McDonald Park Rd

North Saanich, BC V8L 5S7

Attention: _____

The following information can also be released (ie: IEP file, custody agreement, other legal documents, etc.) :

- _____
- _____
- _____
- _____

Parent(s) / Guardian(s) Name: _____

Parent(s) / Guardian(s) Signature: _____

Witness Name: _____

Witness Signature: _____

Date: _____