

**Student Records Request
Consent for Release of Educational Information**

To School:		From	css.secretary@sd27.bc.ca
Date:		Columnneetza Telephone:	250-392-4158
School Email:		Columnneetza ID#	2727047
Student		Birthdate	

The above student(s) has registered at the above noted school as of _____.

Please forward:

- **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
- **Permanent Student Record Card**
- **Individual Education Plans (IEP):** if there is one for the student.
- **Support Services File (& Confidential Files):** if there is one for the student including any confidential or other documents pertaining to the above student from Psychologists, Social Workers, Speech/Language Pathologists, Counsellors, Medical Reports, CDC reports, ISPP (planning tool), Adjudication, Behaviour Plans, Safety Plans, etc.

I confirm that I am the parent/guardian of the above named student. I hereby authorize you to release/share the above noted information about my child with School District #27 and to discuss information relevant to the planning of their school program with school district personnel.

Parent/Guardian Name
(Please print)

Parent/Guardian Signature

Date (M/D/Y)

The information on this form is collected under the authority of the School Act. The information provided will be used for educational purposes and, when required, may be provided to health services, social services or other support services.

