
PARENTAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION / STUDENT INFORMATION TO YOUR SCHOOL

(Use when requesting confidential student information / student file from another school)

We would like to request a transfer of [*describe exactly what is needed: i.e. student file, specific student records, specific special education information (NB: not all schools include special education forms in student files, although the FNSA recommends doing so as best practice)*] for [*student name*] to our school.

We have obtained signed parent consent for the release of this information, as shown below.

This information will be used to: (state purpose) [*include where applicable*]

I, _____ (parent/guardian) hereby authorize the release of the information described above for [*child's name*] to [*school name*] for the purpose(s) described above.

Date

Signature of Parent/Guardian

PLEASE PRINT

Name of Parent/Guardian

Home Address

Postal Code

Home Phone

Work Phone