ASD-W
Anglophone School District West

POLICY NO. ASD-W-350-6B

Inclusive Education – Rights and Responsibilities of Parent(s) / Guardian(s)
Appendix B – Release of Information

RELEASE OF INFORMATION

To / From:	
From /To:	
Student Name:	

I give my permission for the release of reports about my child to the above-named person/agency. I understand that these reports will be held in strict professional confidence and are being shared so that those working with my child can have a better understanding of his/her needs.

Parent / Guardian Signature:			
Date:			
	(m)	(d)	(y)