



# CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

1-800-443-4562

Box 2222  
2755 Highway 43  
Kemptville, ON K0G 1J0  
Phone: (613) 258-7757  
Fax: (613) 258-7134

## PARENTAL CONSENT FOR RELEASE OF INFORMATION

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

---

I hereby authorize \_\_\_\_\_  
to share the following information with: \_\_\_\_\_  
*(Agency and/or Individual)*

Name: CDSBEO/ St. Thomas Aquinas Catholic High School

Address: \_\_\_\_\_  
as per category(ies) indicated by my signature below.

**Psychoeducational Information:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian Signature)*

**Educational Information** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian Signature)*

**Clinical Intervention Information:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian Signature)*

**Health/Medical Information:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian Signature)*

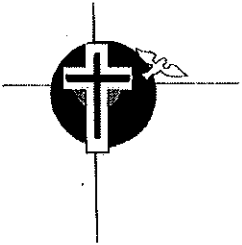
**Speech/Language Information:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian Signature)*

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>I DO NOT GIVE MY CONSENT</b> for release of information at this time.	
<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____
<b>Witness Signature:</b> _____	<b>Date:</b> _____

**THIS FORM WILL CEASE TO BE VALID TWELVE MONTHS FROM THE DATE OF SIGNING**

Distribution: Original → Agency; Copy → OSR; Copy → Coordinator of Special Education; Copy → Parent/Guardian



# CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

## PARENTAL CONSENT FOR RELEASE OF INFORMATION

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby authorize

Name/Agency: \_\_\_\_\_

Address:

to release information to

to obtain information from

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Information to be released and/or obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**I DO NOT GIVE MY CONSENT** for release of information at this time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_