



File JI-E

**PORTAGE LA PRAIRIE SCHOOL DIVISION**

**535 THIRD STREET N.W., PORTAGE LA PRAIRIE, MANITOBA R1N 2C4**  
**TELEPHONE 857-8756 FAX 239-5998**

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, parent/legal guardian of

Student, \_\_\_\_\_,

Date of birth, \_\_\_\_\_, MET #, \_\_\_\_\_,

Give permission for \_\_\_\_\_  
(name of sending school/agency)

to release to \_\_\_\_\_  
(name of receiving school/agency)

information concerning my child. Information to be released includes the following:

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

This information will be used for the purposes of assessment, diagnosis, placement, and programming.

THIS AUTHORIZATION SHALL BE VALID FOR THE \_\_\_\_\_ SCHOOL YEAR, UNLESS FORMALLY WITHDRAWN. (current school year)

I UNDERSTAND THAT THIS INFORMATION WILL BE USED BY THE RECIPIENT(S) ONLY FOR THE AUTHORIZED PURPOSE AND ANY IMPROPER USE THEREOF WILL RESULT IN LEGAL LIABILITY.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date