



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YEAR, UNLESS FORMALLY WITHDRAWN.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