



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD CONSENT FOR THE SCHOOL TO RECEIVE CONFIDENTIAL INFORMATION

Instructions:

This form should be used when parental consent is required for the release of confidential information **from** another person or agency **to** the Renfrew County Catholic District School Board.

Pupil: _____ **Date of Birth:**
(yyyy-mm-dd)

School: _____ **Grade:** _____

This authorizes the release of confidential information about the child named above by:

Name and address of person or agency:

to: _____, Principal

Name of School: _____

Address:

Date

Signature of Parent or Guardian

Copy to O.S.R.