

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

**Instructions:**

School information may not be released, except as permitted by the Education Act or the Regulations, until the parent or guardian has signed this form or a similar document supplied by another agency.

**Pupil:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Date :**     
(yyyy-mm-dd)

This authorizes the principal to release school information about the child named above.

to: \_\_\_\_\_  
(Name of person or agency)

\_\_\_\_\_  
**Date**

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

Copy to O.S.R.