



# BRANDON SCHOOL DIVISION Authorization for Release of Information

1031 – 6<sup>th</sup> Street,  
Brandon, MB R7A 4K5  
Phone: 204-729-3100  
Fax: 204-727-2217

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

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

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

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

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

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_ (*child's name*), do hereby authorize Brandon School Division to release / receive information from \_\_\_\_\_, for the purpose of educational assessment, programming, attendance, extra-curricular, co-curricular and social/emotional information/interventions.

I understand this information is confidential and will be used by the recipient only for the purpose of providing a service to the student.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness)

This personal information or personal health information is being collected under the authority given to the Brandon School Division under *The Public Schools Act* and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* (including but not limited to section 37) and *The Personal Health Information Act* (including, but not limited to Part 3, Division 1). If you have any questions about the collection, contact the Brandon School Division Access and Privacy Officer at (204) 729-3100.