



Consent for Release of Confidential Information

This form is for a Parent/Guardian to give permission for the School District to share information with the Lower Nicola Indian Band Education Program Manager.

Please fill in a separate form for each eligible student

First Name:	Initial(s):	Birthdate: (YYYY/MM/DD)
Last Name:		Grade:
School:		Phone/mobile:
Home Address:		Email:
Mailing Address:		Postal Code:
Alternative Contact:		Phone/mobile #:
<input type="checkbox"/> Rocky Pines <input type="checkbox"/> Zoht <input type="checkbox"/> Shulus <input type="checkbox"/> Joeyaska <input type="checkbox"/> Off Reserve		

I, _____ authorize School District **No.58 (Nicola-Similkameen)** to release information on progress and attendance records from my child/children's school to the Lower Nicola Indian Band Education Manager.

I, _____ authorize **School District No. _____** to release information on progress and attendance records from my child/children's school to the Lower Nicola Indian Band Education Manager.

Parent/Guardian-Print Name

Parent/Guardian-Print Name

Parent/Guardian-Signature

Parent/Guardian-Signature

Date:

Date:

FOR EDUCATION OFFICE USE ONLY

Sent to school on date: _____
Name: _____