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| <b>TURTLE MOUNTAIN SCHOOL DIVISION</b> | <b>4 – F</b> |
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**RELEASE OF INFORMATION AUTHORIZATION**

\_\_\_\_\_  
SURNAME

\_\_\_\_\_  
GIVEN NAME(S)

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
MET #

\_\_\_\_\_  
PREVIOUS SCHOOL

I hereby authorize the above named school to release/communicate to

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School

The following information:

- Student records including report cards.
- Health records in the possession of the school.
- Assessment reports
- Other, please specify: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

This form shall be retained in the student cumulative file at the school.