2025-2026 Release of Confidential Information

Today's Date:	
Name of Student:	Grade: Select grade:
Date of Birth:	Treaty Status Number:
Parent(s)/Legal Guardian(s):	Name of School: Chief Moosomin School
Signature of Parent/Guardian:	Signature of Student (if student is 16 or older):

I/We, authorize (name of the individual, agency, medical office, organization, or school who will be releasing the information):

Name & Address:

To release verbal and/or written information (check off all that apply):

☐ Reports	☐ Programming and recommendations
☐ Assessments	☐ Appointment Dates

To the following (name of the individual, agency, medical office, organization, or school who will be receiving the information):

Name & Address:

I/We are aware that I/we may revoke this consent at any time by informing the above parties in writing. This release of information remains in effect for one year from the date of signature unless otherwise notified.

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