

CONSENT TO RELEASE AND/OR OBTAIN CONFIDENTIAL INFORMATION

Student Name

Date of Birth

Current School

1. Release Information:

I give consent to Greater Saskatoon Catholic Schools to release _____,
(specify information)
for the purpose of _____,
(specify purpose) to the following:

Name/Agency	Address	Telephone #
Name/Agency	Address	Telephone #

2. Obtain Information:

I give consent to Krista Hayes, Principal of Greater Saskatoon Catholic Schools to
(specify GSCS personnel)
obtain Educational History, for the purpose of supporting educational programming,
(specify information)
from the following:

Name/Agency (Current School)	Address	Telephone #
Name/Agency	Address	Telephone #

Please send the requested information to the attention of Deborah Foltz, Student Services Secretary
(specify GSCS personnel)

at Holy Cross High School

I understand this request to obtain and/or release information. This request is voluntary. I understand that I may cancel this consent in writing at any time, except to the extent that action based on this consent has already taken place. This consent will expire after one year.

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Name of parent/guardian
or

Signature

Date

Name of student (18 years of age or older)

Signature

Date

For Office Use Only:

Date request received: _____ Date released: _____

Released by: _____