



**SD85 Vancouver Island North**  
PO Box 90, 6975 Rupert Street  
Port Hardy, BC V0N 2P0  
Phone: 250-949-6618 Fax: 250-949-8792  
([www.sd85.bc.ca](http://www.sd85.bc.ca))

## **RELEASE OF CONFIDENTIAL INFORMATION**

Current Principal (Name): \_\_\_\_\_

Current School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **As parent(s)/guardians(s) of:**

Student's Name: \_\_\_\_\_ PEN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*year* *month* *day*

I (We) hereby authorize School District No. 85 (Vancouver Island North) to release the following information concerning my above named child:

- |  |  |
|--|--|
| <input type="checkbox"/> Complete Red File   | <input type="checkbox"/> Psych Ed Assessment             |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> IEP (Individual Education Plan) |
| <input type="checkbox"/> Other: _____        |  |
| _____  |  |

### **To the following person(s), school district, or agency:**

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Name (**Print**) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This release is effective for one year from the date of signature.*