



Abbotsford Traditional Middle School

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_,

(Name of Parent/Guardian -Please Print) hereby give my written consent to have:

\_\_\_\_\_

(Name and Address of Previous School or Institution-Please Print)

release the student folder, permanent record card and all pertinent medical, psychological, or psychiatric (including social history, all hospital testing and assessments) information which pertains to my child,

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

To:       Abbotsford Traditional Middle School  
          2272 Windsor Street  
          Abbotsford, BC V2T 6M1

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

Signature of Parent/Guardian: \_\_\_\_\_

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

Phone#: \_\_\_\_\_

Date: \_\_\_\_\_