

## AP 112-1 Release of Confidential Information (Red Folder)

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

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

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

I (We) hereby authorize:

School Name \_\_\_\_\_, Abbotsford School District No. 34

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

to release the following confidential records concerning my above named child:

- |   |  |
|---|--|
| <input type="checkbox"/> Custody/Restraining Orders         | <input type="checkbox"/> Behaviour Assessments     |
| <input type="checkbox"/> Legal Matters                      | <input type="checkbox"/> ESL/LAC Reports           |
| <input type="checkbox"/> Medical/Health Reports             | <input type="checkbox"/> Psychologist Reports      |
| <input type="checkbox"/> Parent Release Forms               | <input type="checkbox"/> School Based Team Reports |
| <input type="checkbox"/> Student Services Referrals/Reports |  |

to the following person(s) or agency.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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