

Release of Independent Student Information

This form is to be used to release information concerning an independent student.

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Student Information				
Legal Name of Student				
Duefermed Name (AKA Name)	Surname	First Name	Middle Name	
Preferred Name (AKA Name)	Surnama	First Name	Middle Name	
Gender:	Surname Date of Birth	Student Age at Registration	Middle Name	
☐ Male ☐ Female	Month Day Year	g a sagaran	Years Months	
Mailing Address	,			
	Address	City Province	Postal Code	
Street (Town) or 911 (Rural) Address		Legal Land Description (e.g. SE-30-35-08-W4)		
Student Home Phone (with area code)		Student Cell Phone (with area code)		
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☐ You must present your birth certificate at the time of registration.				
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RELEASE OF PERSONAL INFORMATION				
We will only release your personal information with your informed consent. Informed consent means consent signed by you, as an Independent Student, which we obtain after a discussion with you about why the information will be released.				
Section 1(1)(m) of the School Act says an "Independent Student" means a student who is (i) 18 years of age or older, or (i) 16 years of age or older and (A) who is living independently, or (B) who is a party to an agreement under section 7(2) of the Child Welfare Act.				
School personnel, who discuss the consent to release student information with the Independent student, must sign below. Such signature indicates that the school personnel have discussed with the Independent Student the nature of the information to be released.				
Name of School Personnel:		Position:	Position:	
Signature:		Date:		
Student Authorization	n			
I, the Independent Student, hereby authorize the Canadian Rockies Public Schools, and any duly authorized employee or agent thereof, to release student records, reports, assessments, and/or educational assessments or programs related to me as a Canadian Rockies Public Schools student to the below noted individuals. Printed below are the names of those individual(s) to whom such information may be released, the relationship of the recipients to me and any restrictions regarding the information that can be released.				
This agreement is in effect on the date signed. I understand that I may withdraw my consent in writing to the principal at any time.				
Name of Independer	nt Student Dat	e Signat	ture of Independent Student	