

AP 112-1 Release of Confidential Information



Rick Hansen Secondary School
31150 Blueridge Drive, Abbotsford, BC V2T 5R2
Tel 604.864.9634 Fax 604.864.0104

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

Student Name: _____

Date of Birth: _____
 year month day

I (We) hereby authorize _____ to release the following confidential records concerning my above named child:

Any pertinent medical, psychological, or psychiatric information (including social history, all hospital testing and assessments)

Any legal letters, custodial or court documents

Any Learning Support Services documents, behavioural assessments

to the following person(s) or agency.

Rick Hansen Secondary School

Abbotsford School District #34

Signature: _____

Date: _____

Signature: _____

Date: _____