

AUTHORIZATION FOR EXCHANGE OF INFORMATION

NOTE: Two original signed copies are required (one for each organization). This consent is valid for one (1) year from the date it is signed. A letter/email stating the reason for this Exchange of Information must also be attached.

Re: Name of Student: _____
 Date of Birth: _____
 Current school: _____

I/We the undersigned, hereby authorize the exchange of information regarding my/our child (ward), stated above. Information is permitted to be shared between Prairie Sky School Inc., and the following organization:

Agency/School: _____
 Address: _____
 City: _____
 Postal code: _____

(NOTE: In the case of joint custody, both parents must sign this form)

Name of Parent or Legal Guardian 1 (Print)

Name of Parent or Legal Guardian 2 (Print)

Signature of Parent or Legal Guardian 1

Signature of Parent or Legal Guardian 2

Relationship (ie. Mother, Legal Guardian)

Relationship (ie. Mother, Legal Guardian)

Date of Signature

Date of Signature

Witnessed by: (Print name and Title)

Signature of Witness