TURTLE MOUNTAIN SCHOOL DIVISION	4 – F

RELEASE OF INFORMATION AUTHORIZATION

SURNAME _____ GIVEN NAME(S) _____ BIRTHDATE _____

MET # _____ SCHOOL Wellwood Colony School

I hereby authorize the above named school to release/communicate to

_____
Print Name

The following information:

- ❑ Student records including report cards.
- ❑ Health records in the possession of the school.
- ❑ Assessment reports
- ❑ Other, please specify: _____

_____
Signature of Student

_____
Signature of School Official

_____
Date

This form shall be retained in the student cumulative file at the school.

Print Form

Reset Form