



Consent to the Release of Confidential Information

This form is to be used when requesting information from an educational institution/agency.

PLEASE PRINT

I/We _____

of _____

hereby consent to the release of the following information:

- Psychiatric information
 - Psychological information
 - Other (please specify): _____
 - Social Work information
 - Speech-Language information
- Copy of the most recent Individual Education Plan (IEP)

compiled/prepared by _____

in respect of _____

to _____

for the purpose(s) of

- Educational planning
 - Other (please specify): _____
 - Co-ordination of service
- Learning Disabilities Association of Sudbury 2017-2018 Coaching Program Coordinator and/or Coach

Special Instructions: _____

Signature of Person Giving Consent

Relationship to Student

Signature of Student (if applicable)

Signature of Witness

Dated this _____ day of _____, 20 ____.

This consent form remains valid until*: _____ June 2018

Date (i.e. December 31, 2008)
(Maximum one year from date of signature)

* Authorizing person(s) may cancel or change the above authorization in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorization. Please refer to the "Instructions for Ensuring Informed Consent for the Release of Confidential Information" on the reverse page when filling out this form.