

310D CONSENT TO RELEASE INFORMATION TO THE NEWFOUNDLAND AND LABRADOR ENGLISH SCHOOL DISTRICT (NLESD)

(To be used for request of personal information from third party. NOT to be used for transfer of student files or for ISSPs)

I hereby authorize and direct that:

Name of Party Holding Information to be Provided to NLESD

☐ Provide access to and disclosure of **OR** ☐ Forward a copy of

1. Information concerning:

Full Name of Student: _____
First
Middle
Last

 Date of Birth: Month Day Year School/Community

2. Information is to be provided to:

 Name of NLESD Employee (Please print) Position

3. The information requested is:

Insert accurate description of information to be released

4. This request is made for the purpose of:

☐ **I understand why this information is being requested. Please provide the information as requested
To the Newfoundland and Labrador English School District.**

 Parent/Guardian Name (Please print)

 Signature

 Relationship to Student

 Date

 Witness Name (Please print)

 Signature

 Date