RECORD OF THIRD PARTY ACCESS

REQUEST BY

_____
NAME OF AGENCY OR PERSON

for information contained in the student records of:

Student's Legal Name: _____
SURNAME FIRST NAME MIDDLE NAME

The requester must receive consent from the parents or from the student of at least 16 years of age. The request must state specifically to whom the information is to be released. The request must be signed and dated. This is necessary in order to protect the rights and privacy of the individual.

Reason(s) for granting access to the record: _____

_____

_____

_____

_____ _____
NAME OF REQUESTER (ON BEHALF OF AGENCY) SIGNATURE OF REQUESTER

_____
DATE

PARENT/GUARDIAN/STUDENT CONSENT

I, _____, give permission for information from

the student record of _____, to be shared as indicated above.

_____ _____
PARENT/GUARDIAN/STUDENT SIGNATURE DATE

SCHOOL RELEASE OF INFORMATION

_____ _____
PRINCIPAL'S SIGNATURE DATE

School Name: _____

The High Prairie School Division

_____ _____
NAME OF RECORD KEEPER AT TIME OF ACCESS SIGNATURE OF RECORD KEEPER

_____
DATE OF RELEASE

SCAN TO DOCUSHARE / SCHOOL SCAN INBOX / INFORMATION MANAGEMENT