N.E.P.N. CODE:

JRA

Appendix E

Authorization for Exchange of Information

I hereby authorize the Louis Riel School Division to receive or provide written or verbal information regarding medical, educational or clinical services pertaining to the following student:			
	Student	School	Date of Birth: year/month/day
I authorize Louis Riel School Division personnel to exchange information with (check all that apply)			
	Child & Family Services		
	Child Care/Early Childhood Program		
	Hospital		
	Occupational Therapist		
	Pediatrician/Physician		
	Physiotherapist		
	Psychiatric Services		
	Psychologist		
	Reading Clinician		
	Social Worker		
	Speech-Language Pathologist		
	Other Services		
Signature of Parent/Legal Guardian/Student (18 years of age or older)			
Witness:		Date:	

This personal information is collected per **Board Policy JRA - Pupil Files/Student Records** and maintained as part of accurate records for the time required to serve the specified student's educational needs. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions about the collection may be referred to the school Principal or the Access & Privacy Officer at the Louis Riel School Division Board Office, 900 St. Mary's Rd, Winnipeg MB R2M 3R3, Phone: 257-7827 Fax: 256-8553.