DIVISION SCOLAIRE
LOUIS RIEL
SCHOOL DIVISION

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, initial beside the check mark, and indicate the name of the agency, specialist or service on the corresponding line):

- ❑ 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_____

_____

This authorization remains valid for two years from the date of signing unless sooner revoked in writing. Revoking consent means that the Louis Riel School Division is no longer authorized to receive or provide written or verbal information regarding medical, educational, or clinical services pertaining to the student.

Signature of Parent/Legal Guardian/Student (18 years of age or older)_____

Witness:_____ Date:_____

NOTICE: This personal information is collected per **Policy JRA - Pupil Files/Student Records** under the authority of The Education Administration Act. It is 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: 204-257-7827 Fax: 204-256-8553.

Form Updated: October 3, 2023