



Release of Independent Student Information

This form is to be used to release information concerning an independent student.

Student Information			
Legal Name of Student			
<i>Surname</i>		<i>First Name</i>	<i>Middle Name</i>
Preferred Name (AKA Name)			
<i>Surname</i>		<i>First Name</i>	<i>Middle Name</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Student Age at Registration
	<i>Month</i>	<i>Day</i>	<i>Year</i>
		<i>Years</i>	<i>Months</i>
Mailing Address			
<i>Address</i>		<i>City</i>	<i>Province</i>
		<i>Postal Code</i>	
Street (Town) or 911 (Rural) Address		Legal Land Description (e.g. SE-30-35-08-W4)	
Student Home Phone (with area code) ()		Student Cell Phone (with area code) ()	
<input type="checkbox"/> You must present your birth certificate at the time of registration in Chinook's Edge School Division No. 73.			

RELEASE OF PERSONAL INFORMATION	
<p>We will only release your personal information with your informed consent. Informed consent means consent signed by you, as an Independent Student, which we obtain after a discussion with you about why the information will be released.</p> <p>Section 1(1)(m) of the School Act says an "Independent Student" means a student who is (i) 18 years of age or older, or (i) 16 years of age or older and (A) who is living independently, or (B) who is a party to an agreement under section 7(2) of the Child Welfare Act.</p> <p>School personnel who discuss the consent to release student information with the Independent student, must sign below. Such signature indicates that the school personnel have discussed with the Independent Student the nature of the information to be released.</p>	
Name of School Personnel: _____	Position: _____
Signature: _____	Date: _____

Student Authorization		
<p>I, the Independent Student, hereby authorize the Chinook's Edge School Division No. 73, and any duly authorized employee or agent thereof, to release student records, reports, assessments, and/or educational assessments or programs related to me as a Chinook's Edge School Division No. 73 student to the below noted individuals. Printed below are the names of those individual(s) to whom such information may be released, the relationship of the recipients to me and any restrictions regarding the information that can be released.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>This agreement is in effect on the date signed. I understand that I may withdraw my consent in writing to the principal at any time.</p>		
_____	_____	_____
Name of Independent Student	Date	Signature of Independent Student