



**Vancouver Island West School District 84**  
Box 100, #2 Highway 28, Gold River, B.C., V0P1G0  
(250) 283-2241; Fax (250) 283-7352

### Consent for Release of Confidential Information

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School: \_\_\_\_\_

I authorize School District 84 (Vancouver Island West) to:

- Obtain information and / or records from other appropriate agencies or their agents  
(Name of agency: \_\_\_\_\_)
- Release information and / or records on a strictly confidential basis to other appropriate  
agencies or their agents (Name of agency: \_\_\_\_\_)
- Discuss pertinent information with representatives from appropriate agencies on a  
strictly confidential basis (Name of agency: \_\_\_\_\_)

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Name (print): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

(This release is effective for one year from the date of signatures)