



## CONSENT TO DISCLOSE PERSONAL STUDENT RECORD INFORMATION

Name of Student(s)	Date of Birth (month/day/year)	List All GSCS Schools Attended

### Students Under 18 Years of Age

I, \_\_\_\_\_, legal guardian of the above named student authorizes Greater Saskatoon Catholic Schools to obtain, release and/or disclose information contained in the student records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Students 18 Years of Age or Older

I, \_\_\_\_\_, being of legal age authorize Greater Saskatoon Catholic Schools to obtain, release and/or disclose information contained in the student records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Purpose of Letter:** \_\_\_\_\_

**Name of Person Requesting Letter:** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_