APPENDIX B

AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION

Student's current school: _____

District School Board Ontario North East is hereby authorized **to release or obtain** any social, educational, medical or other pertinent data from/to

_____
(Name of agency, individual or authority)

as may be necessary or desirable for developing an appropriate educational program for

_____
Name of Student

_____
Date of Birth (YYYY MMM DD)

Specifics of request: _____

_____

_____

_____

This release of information form will be in effect from _____ to _____

Name of Parent/Guardian (please print): _____

_____ **AND/OR** _____ _____

Signature of Parent/Guardian | Signature of Student (if 16 years or older) | Date

_____ _____

Signature of Witness | Date