

Permission for the Exchange and/or Release of Information

Form - PSS-9

Strait Regional Centre for Education

Programs and Student Services

304 Pitt Street, Unit 2

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PERMISSION FOR THE EXCHANGE AND/OR RELEASE OF INFORMATION

(Noted as Appendix B in Policy IV-A-3,
Access to Student Information and Student Records)

As parent/guardian of _____

Whose birth date is _____
(Day) (Month) (Year)

and attends _____
(Name of School)

I hereby give permission for an exchange of information concerning my child between

the Strait Regional Centre for Education and _____

The following information will be exchanged: _____

I understand that this information is to be sent to _____

_____ and shall be used solely for the purpose of educational programming for my child.

Date

Signature of Parent(s)/Guardian(s)

Witness