

# EASTERN SHORES SCHOOL BOARD

40, Mountsorrel,  
New Carlisle, Québec G0C 1Z0  
Telephone: (418) 752-2247

## AUTHORIZATION TO OBTAIN CONFIDENTIAL INFORMATION

I, the undersigned \_\_\_\_\_

hereby authorize the **EASTERN SHORES School Board** to obtain from:

\_\_\_\_\_  
(Professional or establishment)

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

the following information on \_\_\_\_\_

### CHECK ( ) THE APPROPRIATE SPACE

- A copy of school records
- A copy of psychological / psycho educational records
- A copy of pertinent medical information
- Other (specify) .....

I give this authorization with full knowledge of its nature and effects.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship with student

\_\_\_\_\_  
Date