

AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION

Student's Name:

Birthdate:

Before requesting or sharing confidential information, CHEK ABC requires that you authorize this request by completing the following:

I/We give permission to CHEK ABC personnel as necessary to:

✓ release pertinent records that include IEP, Assessments, Psychology reports, Doctors Reports, report cards etc: *and*

✓ request records and pertinent information from the following individual(s) and/or organization(s)/ school:

1) Doctors reports, professional reports, referrals, assessments,

2) Student records including Report Cards, IEP, Inclusions – Professional Reports.

Sharing of relevant confidential information may be undertaken for the purpose(s) of improving educational programming, helping to provide appropriate school based planning, and obtaining community-based services for your child.

I understand the reason for and nature of the confidential information to be shared.

Comments (optional): _____

Parent/Guardian Name(s)

(Please print and sign)

Date

Request Transfer of Educational Records

DATE:	For: School Year 2021-2022
TO:	ATTENTION RECORDS
FAX:	
EMAIL:	

Attention: Student Records

The following students(s) have registered with CHEK ABC for 2021-2022 school year. Please forward the whole student file including:

- Student File
- Permanent Record Card
- Student Learning Plan
- Behavior File
- Special Education File

And any other information that will assist us in working with the student(s).

Would you please pre-transition this student to CHEK ABC

STUDENT	BIRTH DATE	GRADE

Should these records not be available, please contact me as soon as possible.
Thank you in advance for your attention to this request.

Sincerely,

Lesley Usiskin
Admissions Officer/Administrative Assistant
admissions@chekabc.ca
250-352-0526 ext. 222