

## Consent for Release of Confidential Student Records

|                   |  |  |  |
|-------------------|--|--|--|
| Today's Date:     |  |  |  |
| To:               |  |  |  |
| Student Name(s):  |  |  |  |
| Date(s) of Birth: |  |  |  |

The above-named student has registered with CHEK ABC.  
Please send us the **Student file** in its entirety including:

- **Permanent Student Record Card**
- report cards, documents relating to custody or other legal issues, reports from professional staff or outside agencies. Student conduct review committee letters, all safety concerns, all records pertaining to behaviours/violence including all suspension letters, records of discipline matters and consequences/interventions and behaviour plans
- **IEP if applicable**
- **Special Services File** including any confidential reports or documents pertaining to the above named student from support services such as Psychologists, Social Workers, Speech Language Pathologists, Behaviour Interventionists, etc

As parent/guardian of the student named, I hereby give my permission to send CHEK ABC all of the above.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please pre-transition or withdraw this student on MyEd  
Should any of these records not be available, please contact me as soon as possible.  
Thank you in advance for your attention to this request.

Thank you!

Lesley Usiskin  
Admissions Officer / Administrative Assistant  
CHEK ABC  
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