Consent to Release Personal Information
2026-2027

This information will be used for the Nak'azdli Whut'en Education Department to be given access to your student(s) information and/or to speak on behalf of yourself and your student(s) when necessary.

I,_____ to authorize the following to be disclosed to the Nak'azdli Whut'en Education Department for my child/ren's names:

_____ _____

Student's full legal name Birthdate (Month/Day/Year)

_____ _____

Grade School

Parent/Guardian Information:

_____

Parent/Guardian Relation

_____

Phone/Cell

_____

Email: Box No.

_____

Address/postal code

Custody:

Parental relationship status, Together __Separated ___Divorced __ Widow ___
Custody Order in place ___Yes (attach copy of Court Order or Agreement) __No

Educational Information:

*Please note that you may choose not to disclose this information. The Education Department does ask so we may better help your child in all aspects related to their education.

Does your child currently have an Individual Education Plan? ____Yes ____No

If so, do you need help understanding this document? ___Yes ___No

If yes, are you willing to share with the Education Department? ___Yes ___No (if yes, please attach)

Does your child have any learning disabilities or educational needs? ___Yes ___No

_____
Diagnosis

_____
Parent/Legal Guardian Signature Date