



## Consent to Release Personal Information 2025-2026

**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, \_\_\_\_\_ 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

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Diagnosis

**Declaration**

**I declare the information on this application is accurate and acknowledge that any false information may result in the discontinuation of funding.**

**I further acknowledge that any funding received under false pretense will be repayable to Nak'azdli Whut'en Education Department.**

**I give permission to Nak'azdli Education Department to receive the Individual Education Plan.**

**I understand the purpose for disclosing this personal information. I understand that I have the right to refuse this form.**

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Parent/Legal Guardian Signature

Date