



Nak'azdli Whut'en Education Department

PO Box 1329

Fort St. James, BC V0J 1P0

CONSENT TO RELEASE PERSONAL INFORMATION 2023-2024

This information will be used for the Nak'azdli Whut'en Education Department to be given access to your student(s) information and 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):**

_____ TO DISCLOSE:
(School Name)

PERSONAL School Records consisting of my child's:

☒ Grade

☒ Student ID Number

☒ Attendance

☒ Report Card

☒ Individual Education Plan (IEP)

Child's Legal Name: _____

Date of Birth: _____

Status Number: _____

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

Signature: _____ Date: _____

*Please note: A substitute decision-maker is a person (parent or guardian) authorized to consent, on behalf of an individual, to disclose personal Indian Registration information or School Record Information about the individual.