

Permission for the Exchange and/or Release of Information

Form - PSS-9

Strait Regional Centre for Education

Programs and Student Services

304 Pitt Street, Unit 2

Port Hawkesbury, NS B9A 2T9

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PERMISSION FOR THE EXCHANGE AND/OR RELEASE OF INFORMATION

(Noted as Appendix B in Policy IV-A-3,
Access to Student Information and Student Records)

As parent/guardian of

Whose birth date is

(Month)

(Day)

(Year)

and attends

(Name of School)

I hereby give permission for an exchange of information concerning my child between
the Strait Regional Centre for Education and:

The following information will be exchanged:

I understand that this information is to be sent to:

and shall be used solely for the purpose of educational programming for my child.

Date mm/dd/yyyy

Signature of Parent(s)/Guardian(s)

Witness

For Office Use: Date Received: _____ ID Type: _____

Date Applicant ID Verified and by Whom: _____