



Pembina Hills Regional Division No. 7

5310 - 49 Street, Barrhead, Alberta, Canada T7N 1P3
Phone: (780) 674-8500 Fax: (780) 674-3262

Consent for Release of Confidential Information

NAME: _____ Last First Middle
BIRTHDATE: _____ Year Month Day

I hereby consent to the release of the following information and communication amongst the following agencies for the purpose of providing coordinated services:

Initial to indicate consent

_____ **Pembina Hills Regional Division No. 7**
School behaviour, educational progress reports, individual program plan, and previous assessments in the student's cumulative file

_____ **Alberta Health Services - Addiction and Mental Health**
Attendance at appointments, treatment plans, and educational programming suggestions

Dated at _____ this ___ day of _____, 20__.

* Information must be received within six (6) months of above date.

Signature of Parent or Legal Guardian