



Student Information Release Form

This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy Act, Sections 32, 33 and 37

School: _____

Date: _____

Name of Student: _____

Grade: _____

This consent form must be signed to allow us to release student names for recognition of achievement in academics, athletics or community involvement.

I hereby consent for _____ to have his/her name released for recognition of achievement in academics, athletics or community involvement.

Signature of Student if 18 Years or Older,
or Independent Student

Signature of Parent/Legal
Guardian

Date

For further information concerning the completion of the form, please contact your school principal or the **FOIP Coordinator** at St. Thomas Aquinas Catholic Schools, 3 Alexandra Park, Leduc, Alberta T9E 4C4 986-2500.

At a minimum use for **athletic teams, graduation photos**
and **awards announcements**.