



**ST. THOMAS AQUINAS ROMAN CATHOLIC SCHOOLS**

**CONSENT FOR RELEASE OF INFORMATION**

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

I, \_\_\_\_\_ hereby authorize St. Thomas Aquinas Roman Catholic Schools to disclose to, and/or obtain from the following agency(ies), institution(s), or school(s) listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

information concerning my child:(print name) \_\_\_\_\_

regarding information related to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

which by law or otherwise may be considered confidential or privileged.

This consent expires at the end of the current school year.

This form or photocopy thereof are equally valid.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return the signed copy to:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attention:** \_\_\_\_\_

The information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act to carry out our responsibilities under the Education Act. If you have any questions about this form, please contact the school principal or Division FOIP Coordinator at (780-986-2500)