



# Snuneymuxw

First Nation

www.snuneymuxw.ca

## Consent for Exchange of Information with any Public/Private Schools

DATE: \_\_\_\_\_

Re: Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I/We: Names \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address:

Street Address,	City & Province,	Postal Code
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### CONSENT TO THE RELEASE AND/OR EXCHANGE OF ANY RELEVANT INFORMATION OF THE ABOVE IDENTIFIED CHILD/YOUTH FOR THE PURPOSE OF EDUCATIONAL SERVICES:

- To Snuneymuxw First Nation Education Department
- Between any Public/Private Schools and all confidential school relevant educational services;
  - Advocacy Support/Parent Meetings
  - Special Needs Services / Professional Referrals
  - and/or any other program/service-staff accessed by the child/family who are involved with Snuneymuxw First Nation Education Department

This information will be used to facilitate the development of child-specific educational programming in Public or Private Schools and community, to make referrals to other service providers, and for the administration of programs and services for the child/youth identified above.

- It is agreed that any correspondence between Snuneymuxw First Nation Education Department and service provider will be copied to the parent/guardian

I/We understand that a signed Consent for Exchange of Information form is a condition of eligibility for support services. This is a continuing Consent that is valid until I/We revoke it by contacting Snuneymuxw First Nation Education Department Support Worker or Education Coordinator in writing and withdrawing my/our consent.

Name person Giving Consent	Signature:
Name of Person Witnessing	Signature: