



SCHOOL DISTRICT #27 (CARIBOO-CHILCOTIN)  
 STUDENT RECORDS REQUEST  
 CONSENT FOR RELEASE OF EDUCATIONAL INFORMATION



Lake City Secondary  
 640 Carson Avenue  
 Williams Lake, BC V2G 1T3  
 Phone: (250)392-6284 Fax: (250)392-3362

To		From	
Fax /Email		Date	
Student		Birthdate	

The above student(s) has registered at the above noted school as of \_\_\_\_\_.

PLEASE ;  WITHDRAW  SEND RECORDS  CROSS-ENROLL  PRE-TRANSITION

Please forward:

- **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
- **Permanent Student Record Card**
- **Individual Education Plans (IEP):** if there is one for the student.
- **Support Services File(Confidential Files):** if there is one for the student including any confidential or other documents pertaining to the above student from Psychologists, Social Workers, Speech/Language Pathologists, Counsellors, etc.

**PLEASE SEND CONFIDENTIAL FILES TO:**  
**STUDENT SUPPORT SERVICES**  
**1165B BLAIR STREET, WILLIAMS LAKE, BC V2G 1X3**  
**PHONE: (250)398-3855 FAX: (250)392-6226**

I confirm that I am the parent/guardian of the above named student. I hereby authorize you to release/share the above noted information about my child with School District #27 and to discuss information relevant to the planning of their school program with school district personnel.

**\*\*This consent will expire 90 days after the date below.\*\***

Parent/Guardian Name  
 Please print

Parent/Guardian Signature

Date