



**CONSENT TO THE DISCLOSURE OF INFORMATION**

**Form 180-04**

I, \_\_\_\_\_, of the Town of \_\_\_\_\_, in the Province of \_\_\_\_\_, hereby give my written consent to the representatives of Grande Yellowhead Public School Division #77, to disclose all personal or confidential information that they have about me to:

NAME OF PERSON OR ORGANIZATION:

ADDRESS OF PERSON OR ORGANIZATION:

I want this information released because:

I understand why I have been asked to disclose this individually identifying information and am aware of the risks and benefits of consenting, or refusing to consent, to the disclosure of this individually identifying information. I understand that I may revoke this consent at any time. This authorization shall continue in force until such time as it is revoked in writing.

Dated at the town/city of \_\_\_\_\_, in the Province of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature