

Parental Consent:

Authorization for the Release of Special Reports

I hereby consent to the release of the following report(s) regarding my son/daughter, ______, whose date of birth is

Report(s)	Agency:	Forward to:
	Northwest School Division No. 203 525 5 th Avenue West	
	MEADOW LAKE SK S9X 1B4	
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	-	
	_	

Signature of Parent/Guardian

Date



Parental Consent:

Authorization for the Request of Special Reports

I hereby consent to the release of the following report(s) regarding my son/daughter, ______, whose date of birth is

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Date