



Learning Support Services
4875 - 222nd St
Langley, B.C. V3A 3Z7
PH. 604-532-0188
FAX. 604-532-8954

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

As legal guardian of _____
(Student's Name)

whose birthdate is _____

I hereby authorize School District #35 (Langley) to provide information to, or receive information from:

Name: *(This may be parent/guardian)* _____

Address: _____

regarding my child named above for the following purpose:

Name of Langley School District person requesting information:

(Name of Guardian – print clearly)

(Signature of Guardian)

(Date)