



Saint John Paul II Academy Society

Release of Confidential Information

SCHOOL. FAMILY. COMMITMENT | www.sjp2academy.com

Star of the Sea Community Centre | 15262 Pacific Avenue, Surrey, BC V4B 1P7 | 604-560-8210

I, _____, hereby give my written
(Parent /Guardian's Name)

consent and authorization to Saint John Paul II Academy, to obtain pertinent educational, medical, and other personal information in the student record, pertaining to my child

(Child's Name)

from my child's school _____
(Name of School)

at _____
(Street Address, City, Province, Postal Code, Phone Number)

for the purposes of the delivery of support/health/educational services to my child at Saint John Paul II Academy. It is understood that this information would only be obtained after an offer of admission to the Academy has been made and accepted.

I furthermore agree to release and hold harmless Saint John Paul II Academy from any legal liability resulting from the release of this information, with the understanding that the parties involved will exercise reasonable safeguards to protect the confidentiality and privacy of the personal information of the individual named above.

Parent/Legal Guardian Name _____
(First, Last)

Signature: _____

Address: _____
(Street Address, City, Province, Postal Code)

Date: _____
(Month, Day, Year)