

Authorization for Exchange of Information & Release of School Records

I hereby authorize:

1. _____
2. _____
3. _____

To exchange information concerning all academic, resource and related files, including all support and diagnostic reports on our child:

1st Child's Name: _____ Child's Date of Birth: _____

2nd Child's Name: _____ Child's Date of Birth: _____

3rd Child's Name: _____ Child's Date of Birth: _____

4th Child's Name: _____ Child's Date of Birth: _____

With Prairie Central Adventist Academy, 56 Grey Street, Winnipeg, Manitoba, R2L 1V3, 204-667-2383

PARENT/LEGAL GUARDIAN (Print): _____

SIGNATURE: _____

DATE: _____

WITNESS: _____

SIGNATURE: _____