



Westpark School

Student Record Release

Date: _____

I hereby give my consent for _____ to release any information considered by the school to be relevant to the education of:

Name of Student(s) _____

The information is to be released to:

Mr. B. Ferguson, Principal
Westpark School
2375B Saskatchewan Ave. W
Portage la Prairie, MB
R1N 4A6

Information may include communication with school personnel such as the guidance counsellor or resource teacher.

Parent/Guardian Signature

Date