



AUTHORIZATION FOR RELEASE OF INFORMATION

Guardian Name: _____

Student Name: _____

School Name: _____

Student Grade: _____

School Authorization

I hereby authorize the staff and/or faculty of my child's school to release information indicative of their academic progress during the 2024-2025 school year, including the following:

- IPRC/IEP
- EQAO/Literacy Test Results
- Progress Reports/Report Cards
- Attendance
- Credit Accumulation (Secondary Students)

Bus Authorization

- I hereby authorize the staff and/or faculty of the Sudbury Student Services Consortium to release information regarding student bus routes and compliance with bus rules and regulations.

Photo Authorization

I hereby grant permission for Atikameksheng Anishnawbek staff members to photograph my child during Education Department programming to display in a printed or electronic form promoting Education events:

- Flyer
- Newsletter
- Social media (Facebook community page, website, etc.)

Refusal of Consent

I understand that consent is not given to any of the above that remain unchecked.

The information above is requested by the Education Department at Atikameksheng Anishnawbek for the provision of services. You may sign this form and provide it to education department staff or may email a signed copy of the form to Stacey Lavallie, Education Support Worker, at esw3@wlfm.com.

This authorization expires August 31, 2025.

I have fully read and understand the above:

Parent/Guardian Signature

Date