

**310-D CONSENT TO RELEASE INFORMATION TO
THE NEWFOUNDLAND AND LABRADOR ENGLISH SCHOOL DISTRICT (NLESD)**

(To be used for request of personal information from third party. NOT to be used for transfer of student files or for ISSPs)

I hereby authorize and direct that:

Name of Party Holding Information to be Provided to NLESD

Provide access to and disclosure of **OR** Forward a copy of

1. Information concerning:

Full Name of Student: _____
First
Middle
Last

_____/_____/_____
 Date of Birth: Month Day Year School/Community

2. Information is to be provided to:

 Name of NLESD Employee (Please print) Position

3. The information requested is:

Insert accurate description of information to be released

4. This request is made for the purpose of:

**I understand why this information is being requested. Please provide the information as requested
To the Newfoundland and Labrador English School District.**

 Parent/Guardian Name (Please print) Signature

 Relationship to Student Date

 Witness Name (Please print) Signature

 Date