

TO: (Name of Previous School & Address or Fax #)

\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam;

Please forward at your earliest convenience the Permanent Record Card and student file(s) indicated for the pupil listed below. If the information is not available, please advise.

NAME	DOB	GRADE

As parent/guardian of \_\_\_\_\_ I hereby authorize the release of any confidential information (including all Special education assessments and records if applicable) to Grand Forks Secondary School, P.O. Box 339, Grand Forks, B.C., V0H 1H0.

I hereby indemnify School District #51 (Boundary) from any action resulting from release of this information.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

Yours truly,

B. Foy, Principal  
Grand Forks Secondary School  
Box 339, 1331 Central Ave.  
Grand Forks, BC V0H 1H0 250-442-8285

**FREEDOM ON INFORMATION & PROTECTION OF PRIVACY**

November 1994 Students Records:

In order to comply with FOI, student records must have the signed consent of the student/parent/guardian before they are transferred to another institution.  
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“The personal information on this form is collected by School District #51 under the authority of the “School Act”, Sections 13 & 97.” The information will be used for educational program purposes and when required, may be provided to health services or other support services as outlined in Section 97 (2) of the “School Act”. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your local school or to the Information and Privacy Coordinator, School District No. 51, (Boundary), Box 640, Grand Forks, BC V0H 1H0.

From time to time school photos are taken which may include your child. If you do not wish your child's picture to be taken please relay that message to the administration of your local school.

\_\_\_\_\_  
Signature of Parent/Guardian