



AUTHORIZATION FOR EXCHANGE OF INFORMATION

NAME _____

DATE OF BIRTH _____ PHONE _____

PARENT(s) NAME _____

ADDRESS _____

I _____ approve the exchange of information
(PARENT/GUARDIAN)

with BEAUTIFUL PLAINS SCHOOL DIVISION regarding my child

_____ for the purpose of providing programming.
(CHILD'S NAME)

The following persons are/or maybe involved with my child's school:

Name	Agency or Program
_____	representing _____
_____	representing _____
_____	representing _____
_____	representing _____

Signed _____

Date _____

Witnessed _____