Student Information Release Form

This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy Act, Sections 32, 33 and 37

School: _____________________________________ Date: ________________

Name of Student: _____________________________ Grade: _______________

This consent form must be signed to allow us to release student names for recognition of achievement in academics, athletics or community involvement.

I hereby consent for _________________________ to have his/her name released for recognition of achievement in academics, athletics or community involvement.

___________________________________ ______________________________
Signature of Student if 18 Years or Older, Signature of Parent/Legal or Independent Student Guardian

_______________________________
Date

For further information concerning the completion of the form, please contact your school principal or the FOIP Coordinator at St. Thomas Aquinas Catholic Schools, 3 Alexandra Park, Leduc, Alberta T9E 4C4  986-2500.

At a minimum use for athletic teams, graduation photos and awards announcements.