

# Authorization For Release of School Records

To whom it may concern.

As the parent/guardian of \_\_\_\_\_  
*Student Name*

whose birth date is \_\_\_\_\_, I hereby give approval for my  
*Date (yyyy-MM-dd)*

previous school \_\_\_\_\_  
*Previous School Name*

to provide or send any student information (PR Card, Portfolio, G-4 Folder,  
etc.) and/or any confidential files concerning my above-mentioned student  
to \_\_\_\_\_  
*Maple Ridge Pitt Meadows School Name*

of Maple Ridge Pitt Meadows School District No. 42.

Digitally Signed By:

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Date (yyyy-MM-dd)*

To view contact information for SD42 Schools, please visit

<https://www.sd42.ca/schools>