

Fort Richmond Collegiate  
99 Killarney Avenue  
Winnipeg, Manitoba R3T 3B3

## Consent for Disclosure of Personal Information

Attention: **Student Records**

My name is: \_\_\_\_\_

While at school, I was known as: \_\_\_\_\_  
*(include any variant spellings, maiden name or nicknames that might have appeared on school records)*

Date of birth: \_\_\_\_\_  
*(month/day/year)*

I last attended the Pembina Trails School Division at:

\_\_\_\_\_ in \_\_\_\_\_  
*(name of last school attended) (year)*

I hereby authorize release of my student records to the follow individual:

\_\_\_\_\_  
*(print name)*

The student records to be released is as follows:

- Transcript of marks
- Attendance report
- Other *(Please specify)* \_\_\_\_\_

\_\_\_\_\_  
*Signature (former student)*

\_\_\_\_\_  
*(date)*