



Lilian Schick School

P.O. Box 689 Bon Accord, Alberta T0A 0K0

Phone 921-2200 Fax 921-3113

Student Information Release Form

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

This Consent Form must be signed to allow us to:

1. Release student names for recognition of achievement in academics, athletics or community involvement.
2. Use of student names address and telephone number in school directories.
3. The use of student's name, photo and comments in the school calendar, Newsletter, annual or other publications.

I hereby consent for _____ to have his/her name released for
Student Name - please print

recognition of achievement in academics, athletics, or community involvement.

I hereby consent for _____ to have his/her name, address, and
Student Name – please print

telephone number in the in-school directories.

Parent/Legal Guardian Signature

Date

For further information concerning the completion of the form please contact your school principal at 921-2200 or the FOIPP Coordinator at 939-4341.

