



JRA-E2

AUTHORIZATION TO EXCHANGE INFORMATION

I request that Sunrise School Division exchange information concerning my child _____ born _____, attending _____ School with the following professionals and/or agencies:

(Please list all contact information including name, address and phone/fax number. Please indicate with a check mark in the box beside the numbered line(s) below if a written request for information needs to be sent by Sunrise School Division to the Professional/Agency listed below. If no Professional/Agency is checked off, this form will be filed in the student's master file and no written request will be sent.)

- ☐ 1. _____
- ☐ 2. _____
- ☐ 3. _____
- ☐ 4. _____
- ☐ 5. _____

PLEASE NOTE: If Child Guidance Clinic (CGC) and/or Educational Support Services (ESS) files are being requested, the clinical records from CGC and ESS will be forwarded to the division principal of student support programs in order for the division to make copies of all relevant information. I understand that this file will be returned to CGC/ESS within two (2) months. Received information will be copied and sent to the school to be kept in a clinical file.

Witness Signature

Parent/Legal Guardian Name – Please print

Date

Parent/Legal Guardian Signature
OR student if over 18 years of age

Submitted by: *Name of Clinician or School Staff Member*

This personal information is collected under the authority of the Public Schools Act and will be used for enrolment purposes. It is protected by the Privacy provisions of the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection contact the Access and Privacy Officer, Sunrise School Division, Box 1206, 344 Second Street North, Beausejour MB R0E 0C0 Phone: 204-268-6500.

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Procedure: JRA	Guidelines: JRA-R	Exhibit: JRA-E1, JRA-E3, JRA-E4, JRA-E5