

**Consent to Release of Information**

*The school receives requests for information about graduating students. By signing this consent form you agree that the school may release the specified information to the named parties.*

I consent to the release of the following information:

- my name; my graduation photo; my awards and scholarships to the \_\_\_(insert name)\_ newspaper. I understand that the paper may also publish an electronic version of the information on the newspaper's website.
- my name and home address to the Member of Parliament for \_\_\_(constituency)\_\_\_ and the Member of the Legislative Assembly for \_\_\_(constituency)\_\_\_ on the condition that the MP/MLA is informed that information can be used solely for the purpose of sending a congratulatory message and that it cannot be used for any other purpose including being placed on a mailing list.
- *(Add any other ways in which information is usually shared)*

Dated this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Signature of Parent (if student under 18)