



**Permission for the Exchange and/or Release of Information**

**Form - PSS-9**

**Strait Regional Centre for Education**

Programs and Student Services

304 Pitt Street, Unit 2

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**PERMISSION FOR THE EXCHANGE AND/OR RELEASE OF INFORMATION**

(Noted as Appendix B in Policy IV-A-3,  
Access to Student Information and Student Records)

As parent/guardian of \_\_\_\_\_

Whose birth date is \_\_\_\_\_  
(Day) (Month) (Year)

and attends \_\_\_\_\_  
(Name of School)

I hereby give permission for an exchange of information concerning my child between  
the Strait Regional Centre for Education and \_\_\_\_\_

The following information will be exchanged: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that this information is to be sent to \_\_\_\_\_

\_\_\_\_\_ and shall be used solely for the purpose of educational programming for my child.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent(s)/Guardian(s)**

\_\_\_\_\_  
**Witness**