



4th Floor, 5750 Oak St.
Vancouver, B.C. V6M 2V9
Phone: (604) 261-1502 Fax: (604) 261-1526
Email: office@ptibc.org

Consent For Release of Confidential Information

Student's Name _____ Birthdate _____

School _____

I authorize the Pacific Torah Institute to hereby:

_____ obtain information and/or records from other appropriate agencies of their agents

_____ release information and/or records on a strictly confidential basis to other appropriate agencies or their agents

_____ discuss pertinent information with representatives from appropriate agencies on a strictly confidential basis

I request the Pacific Torah Institute to:

_____ release copies of Psychological/Speech, Language and Hearing Assessment to me

Please note that if your son transfers to another school or district, all reports will be sent to that school/district.

Name _____

Parent/Guardian Signature _____ Date _____

Address _____

Postal Code _____ Home Phone _____