



Release of Independent Student Information

This form **must NOT** be used for transfer of a student record from one school to another or from one school jurisdiction to another. This form must be used to release information concerning an Independent Student.

Student Legal Last Name	Student First Name	WESTMOUNT ID #
School	Date of Birth (mm/dd/yy)	Current School Year (yy/yy)

We will only release your personal information with your informed consent. Informed consent means consent signed by you, as an **Independent Student***, which we obtain after a discussion with you and about why the information will be released. In the Consent section below, cross out references to any type of information that you do not want Westmount to release and initial the changes. As much as possible, specify the information to be released in the space provided.

(*See definitions on back.)

Instructions to school personnel

Certificated school personnel who discuss the consent to release student information with the Independent Student, must sign below. Such signature indicates that the school personnel have discussed with the Independent Student that nature of the information to be released.

Informed consent consultation/interview conducted by

Name of School Personnel (please print)	Signature
Role	Date (mm/dd/yy)

Independent Student Authorization

I, the **Independent Student**, hereby authorize the Westmount Charter School, and any duly authorized agent thereof, to release all student records, reports, assessments, and/or educational assessments or programs related to me as a Westmount student to the below noted individuals. Printed below are the names of those individual(s) to who such information may be released, the relationship of the recipients to me and any restrictions regarding the information that can be released.

This *Informed Consent to Release* is in effect for the **current school year only**. I understand that I may revoke this consent at any time by submitting a written revocation document to Westmount Charter School contact above before services are initiated.

Name of Independent Student (print)	Date (mm/dd/yy)	Signature of Independent Student
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Please return to

Name of School Personnel	Role	Telephone Number
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Authorization for Collection of Personal Information

The personal information requested is collected under the authority of the *School Act*, the Student Record Regulation and the *Freedom of Information and Protection of Privacy Act* for the purposes specified above. If you have any questions about this consent form or the collection, use or disclosure of this personal information, please contact the school personnel shown directly above at the telephone number shown.

DEFINITIONS

DEFINITION

1. Under the *School Act* "**independent student**" means a student who is
 - 1.1 18 years of age or older; or
 - 1.2 16 years of age or older and who
 - 1.2.1 in the opinion of the Principal is living independently, or is party to an agreement under the *Child, Youth and Family Enhancement Act*.
2. Under the *Alberta Age of Majority Act* "**age of majority**" means 18 years of age.
 - 2.1 Every person attains the age of majority and ceases to be a minor on attaining the age of 18 years.