



**School District No. 53 (Okanagan Similkameen)**

**Permission for Release of Student Information to  
First Nation Education Coordinators/Managers for 2025-26**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**I hereby authorize \_\_\_\_\_ in School District No.53 (Okanagan-  
(Name of School)**

**Similkameen) to share information, regarding the student indicated above, to**

**the Education Coordinator of \_\_\_\_\_.  
(Name of First Nation)**

Information that may be shared is listed below:

- Attendance
- Report Cards
- Reports of Missing/Incomplete Assignments
- Individual Education Plan (IEP)
- Assessments
- Behavioural Support

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Please check the box to acknowledge the following:**

I understand that the release of information, as indicated above, will be sent to the First Nation at my request to support my child's success at school. The information received by the First Nation will be used for student success and will not be shared without further consent of the caregiver.

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Caregiver Name

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Caregiver Signature

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Date Signed