

Release of Information – Minor

**Sakala Success Centre**

**Tel: 403-782-3381 ext. 4149**

**Fax 403-782-3285**

I, give permission to the Sakala Success Centre at Burman University to release information about my child

who is under the age of 18 to,

at,

This release is for the following purposes only:

I understand that this release applies only to the following time period:

This release can be canceled at any time with a written statement that bears the name and signature of the person on this release.

Signature of Parent or Guardian

Date

Witnessed

Date