



Release/Request of Information – Adult
Sakala Success Centre
Tel: 403-782-3381 ext. 4141
Fax 403-782-4107

I, _____ give permission to the faculty and staff of the Sakala Success Centre at Burman University to release/obtain information to/from the following parties on my behalf:

[Initial for approval]

- | | |
|--|---|
| <p>___ Lakeview Hall Deans</p> <p>___ Maple Hall Deans</p> <p>___ VP of Student Services</p> <p>___ Burman/P.A.A. Chaplains</p> <p>___ Parents/Legal Guardians</p> <p>___ Other: _____</p> <p>_____</p> <p>_____</p> | <p>___ P.A.A. Principal</p> <p>___ VP of Academic Administration</p> <p>___ Registrar/Academic Services</p> <p>___ Lacombe & Red Deer Hospitals</p> <p>___ Deans Council</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

For the Purposes of:

- | | |
|--|---|
| <p>___ Testing/Assessment</p> <p>___ Obtaining Treatment Records</p> <p>___ Transferring Treatment Records</p> <p>___ Mandated Counselling Reporting</p> <p>_____</p> <p>_____</p> | <p>___ Academic Accommodations</p> <p>___ Multidimensional treatment approach</p> <p>___ Emergency Situations</p> <p>___ Other: _____</p> <p>_____</p> <p>_____</p> |
|--|---|

Signature: _____ Date: _____

Witnessed: _____ Date: _____



Release/Request of Information – Minor
Sakala Success Centre
Tel: 403-782-3381 ext. 4141
Fax 403-782-3285

I, _____ give permission to the faculty and Staff of the Sakala Success Centre at Burman University/Parkview Adventist Academy to release/obtain information about my dependent _____ who is ____ years of age, to/from the following parties on their behalf:

[Initial for approval]

- | | |
|-----------------------------|-----------------------------------|
| ___ Lakeview Hall Deans | ___ P.A.A. Principal |
| ___ Maple Hall Deans | ___ VP of Academic Administration |
| ___ VP of Student Services | ___ Registrar/Academic Services |
| ___ Burman/P.A.A. Chaplains | ___ Lacombe & Red Deer Hospitals |
| ___ Parents/Legal Guardians | ___ Deans Council |
| ___ Other: _____ | _____ |
| _____ | _____ |

For the Purposes of:

- | | |
|------------------------------------|---|
| ___ Testing/Assessment | ___ Academic Accommodations |
| ___ Obtaining Treatment Records | ___ Multidimensional treatment approach |
| ___ Transferring Treatment Records | ___ Emergency Situations |
| ___ Mandated Counselling Reporting | ___ Other: _____ |
| _____ | _____ |
| _____ | _____ |

Signature of Parent/Guardian: _____ Date: _____

Witnessed: _____ Date: _____