



AUTHORIZATION FOR RELEASE OF INFORMATION

Student: _____ (the "Child")

As the parent or guardian or my Child, I hereby consent to and authorize the Alberta Motor Association (AMA) releasing to my Child's school the grades from any in-class, on-line or in-vehicle course or program my Child has taken with AMA Driver Education. The information should only be released to the staff at the school who require this information for administration purposes.

This authorization shall commence on the date set out above and continue indefinitely until revoked by me in writing to AMA.

Signature of Parent _____

Print Parent Name: _____

Please return this completed form to:

Roland Zimmermann, Off Campus Coordinator,
Austin O'Brien H.S.
6110-95 Ave
Edmonton, Alberta
T6B 1A5

T: 780 466 3161 ext 343
F: 780 466 6994
C: 780 970 4039

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