

## **RELEASE OF INFORMATION**

## I hereby authorize: Sandwich Secondary School 7050 Malden Rd., LaSalle, ON N9J 2T5

	То	day's Date
Full Name:	Maiden Name:	
Date of Birth:		
Address: Street # Street Name	City/Prov.	Postal Code
Home Telephone#: ()	Cell#: ()	
Signature of Authorization		
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Proof of Identification Birth Co	>>>>>> ertificate
Manual Transcript/Letter \$16.00 each	(full name/address) Utility/o	cable bill
Replacement Diploma \$26.25 each	Bank state	ment/Insurance policy
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		>>>>>>> Receipt attach
Additional Information (instructions regardi	ing where transcript to be sent, per	sonal email, etc.):