



## **Form 7: Permission to share information Form**

This form is to be filled out by the agent (if applicable). The form must be signed by the parent.

Agent: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**I hereby give permission for Rossall School to send a copy of my child's report to the agent if required.**

Signed \_\_\_\_\_ (parent)

Print name \_\_\_\_\_ (parent)

Date: \_\_\_\_\_

Please fax this form to Mrs Calderbank:

+44 1253 772052

Or email

[dorothyc@rossallcorporation.co.uk](mailto:dorothyc@rossallcorporation.co.uk)

Or post by airmail to Mrs D Calderbank, PA to the First Deputy Head,  
Rossall School, Fleetwood,  
Lancashire, FY7 8JW, UK