

CONSENT FOR RELEASE OF INFORMATION

(In accordance with the Education Act and Ontario Regulations, and the
Municipal Freedom of Information and Protection of Privacy Act, Part II)

I hereby authorize _____ to release the following
(Name of School/Board Office)

information: _____

regarding the following student:

NAME OF STUDENT: _____
Surname Given Name

DATE OF BIRTH: _____
Year/ Month/ Date

SEND INFORMATION TO: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: _____

Signature of Parent/Guardian

Date

Signature of Witness

Date

THE ORIGINAL OF THIS FORM SHALL BE KEPT IN THE O.S.R.