

**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)

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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.**