



Consent for Exchange of Information

Student: _____ Gr./Placement: _____
(Print Full Name)

OEN: _____ Date of Birth: _____
Year Month Day

Parent/Guardian: _____
(Print Full Name)

Address: _____

City/Province Postal Code

Date: _____
Year Month Day

I authorize the Algonquin and Lakeshore Catholic District School Board to obtain information relevant to the education of my child, from:

Facility/Agency/Individual
If deemed appropriate, such information will become part of my child's Ontario Student Record.

Signature(s): _____ Witness/Verified By: _____
(Parent, Guardian, Student if 18+) (Witness Signature)

(Relationship to Child) (Print Witness Name)

I authorize the Algonquin and Lakeshore Catholic District School Board to convey information relevant to the education of my child, from:

Facility/Agency/Individual
If deemed appropriate, such information will become part of my child's Ontario Student Record.

Signature(s): _____ Witness/Verified By: _____
(Parent, Guardian, Student if 18+) (Witness Signature)

(Relationship to Child) (Print Witness Name)

The Algonquin and Lakeshore Catholic District School Board complies with Ontario's Personal Health Information Protection Act (PHIPA). The ALCDSB Personal Health Information Protection Policy details the reason for the collection and disclosure of personal and health information. Questions about this collection should be directed to the school Principal or Superintendent of Education. This form will expire, unless acted upon, one year from the date of signing.