

Consent to Obtain and/or Release Information

With regard to:

Student Name: _____	D.O.B. (mm/dd/yy): ____/____/____
School: _____	Student ID: _____

I, _____, give my consent for the following person/agency:

Name of Person/Agency: Upper Canada District School Board – _____
(Name of School)

Street Address: _____

City/Prov./Postal Code: _____

Phone Number: _____

___ to obtain (specify information) _____ from:

Name of Person/Agency: _____

Street Address: _____

City/Prov./Postal Code: _____

Phone Number: _____

___ to release (specify information) _____ to:

Name of Person/Agency: _____

Street Address: _____

City/Prov./Postal Code: _____

Phone Number: _____

I understand:

- (a) the period of consent will terminate one year from the date it was granted as indicated below;
- (b) the nature and purpose for which this information is being obtained/released/exchanged;
- (c) this information will be used for the planning and provision of educational services;
- (d) that I may revoke my consent at any time;
- (e) this information will be treated confidentiality;
- (g) this consent will be placed in the Ontario Student Record.

Signature: _____ Relationship to Student: _____

Phone #: _____ Date: _____

Witness Signature: _____ Witness Phone #: _____