

# CONSENT INFORMATION SHARING FOR STUDENTS AT THE AGE OF MAJORITY

*(International Education Services)*



Any student who will reach 18 years of age while participating in the program, must sign this form to enable YRDSB staff to share personal information with their parents.

I, \_\_\_\_\_,  
(Last Name) (First Name) (Preferred Name)

a student at \_\_\_\_\_  
(print name of school)

having reached the age of majority (18) understand that I retain responsibility for my school records. This applies to the Ontario Student Record (OSR) as well as any other information about me retained outside of the OSR.

I hereby consent to ongoing parent/custodian access to my school records, and I hereby consent to YRDSB staff to share personal information with my parent/custodian.

Please identify an emergency contact, name, address and telephone number.

**COMPLETE AND RETURN TO GUIDANCE SERVICES** *(Please print clearly)*

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact's Telephone Number: \_\_\_\_\_

Emergency Contact's Email Address: \_\_\_\_\_

Student's Date of Birth: (yyyy/mm/dd): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ *(must be after turning 18)*

*Personal information collected pursuant to the Education Act as amended will be used to provide access to student records as described. Please contact the Information Access and Privacy Office if more information is needed (905-727-0022 ext. 2015).*