



## Consent to Release Information to Third Parties

Written consent is required for the York Region District School Board ("YRDSB") and/or school to release a current or former student's ("student") personal information or record to a third party. Consent must be provided by the student to whom the information relates, if they are over the age of 18 or by the student's parent or guardian, if the student is under the age of 18.

Student's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School or Last School Attended: \_\_\_\_\_

Student's Telephone Number (if over 18 years old): \_\_\_\_\_

I hereby give my consent to the YRDSB to release a copy of the following information or record (select all that apply):

- Ontario Student Record (OSR)
- Transcript
- Other (please describe):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to the following third party:

Name of Third Party: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If picking up records in-person, the third party indicated above must provide valid government photo identification along with a copy of this form.

By signing this form, I consent to the release of my or my child's personal information or records by the YRDSB and/or school to the third party, as noted above. This consent is valid for one year from the date of signature, unless otherwise revoked by written request.

\_\_\_\_\_  
Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Signature of Parent/Guardian (if applicable)

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Student (if over 18 years old)

\_\_\_\_\_  
Date of Signature