Appendix C

CONSENT FOR INFORMATION SHARING
STUDENTS AT THE AGE OF MAJORITY

I, _____ , a student at _____

(print name) (print name of school)

having reached the age of majority (18), I 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/guardian access to my school records.

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

COMPLETE AND RETURN TO THE MAIN OFFICE.

Name of Emergency Contact _____
(print)

Emergency Contact Address _____
(print)

Emergency Contact Telephone Number _____
(print)

Student's Signature _____

Date Signed _____

Date of Birth (DD/MM/YYYY) _____

Personal information collected pursuant to the Education Act as amended will be used to provide access to student records as described.

Retain: Retirement + 5 years in OSR