

CONSENT TO RELEASE INFORMATION TO A THIRD PARTY

Date:	
LEGAL NAME IN FULL - INCLUDE MAIDEN NAME IF APPLICABLE	DATE OF BIRTH
	DATE OF BITTIT
OfADDRESS	PHONE NUMBER
Hereby consent to the release or transmittal of my school record(s) to:	
FULL NAME	RELATIONSHIP
The last school I attended was:	
Signature of Student:	
Date:	

Personal information is collected under the authority of the Education Act and will be used to manage the disclosure of student information to a third party. Contact (705) 748-4861, Ext. 1245 for information about access and privacy.

File: 5 years.