

Consent to Share Student Information with Third Parties

NOTE: Use SEOS Form 14 for Special Education Students

Name of Student: _____ Date of Birth: _____
(Please Print Legal First and Last Names) (Day/Month/Year)

Name of Current School: _____

Release of student information FROM the PVNCCDSB to a Third Party

I, _____
(Print name of Parent, Legal Guardian, Adult Student, or Independent Student Aged 16 or 17)

Hereby give my consent to the PVNCCDSB to release the following information:

(Specify the Type and Nature of Information to be Shared)

to: _____
(Name and Address of Third Party)

Disclosure of student information TO the PVNCCDSB

I, _____
(Print name of Parent, Legal Guardian, Adult Student, or Independent Student Aged 16 or 17)

Hereby give my consent to:

to: _____
(Name and Address of Third Party)

Share the following information:

(Specify the Type and Nature of Information to be Shared)

to: _____
(Name of PVNCCDSB School/Board Department)

The information being received will be used for:

(Outline the Educational Purpose for Which the Information will be Used)

Signature: _____ Date: _____
(Print name of Parent, Legal Guardian, Adult Student, or Independent Student Aged 16 or 17)