

## Request to Alter an OSR

To the Principal of: \_\_\_\_\_  
(Name of School)

Regarding: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Name of Student) (Day/Month/Year)

I hereby request the following content of the OSR to be removed (attach additional page if required):

School Principal: Agrees  Disagrees

I hereby request the following content of the OSR to be altered as follows (attach additional page if required):

School Principal: Agrees  Disagrees

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Principal) (Day/Month/Year)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Parent, Legal Guardian, Adult Student, or Independent Student Aged 16 or 17) (Day/Month/Year)

\*Should the principal disagree, the parent or student may make a request to the superintendent and/or opt to attach a Letter of Disagreement to the record(s).

Distribution: Original – OSR Copy 1 – Parent/Student

Retention: Original – Retirement + 5 years

Information is collected in accordance with the Education Act and its regulations. It will be used to provide parent or student active participation in the nature of the Ontario Student Record. Any general questions about the information gathered on this form may be discussed with the school principal.

Administrative Procedure: 1203 OSR Management