

## Consent to Obtain and/or Release Information

**With regard to:**

Student Name: _____	D.O.B. (mm/dd/yy): ____/____/____
School: _____	Student ID: _____

I, \_\_\_\_\_, give my consent for the following person/agency:

Name of Person/Agency: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Prov./Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**\_\_\_ to obtain (specify information) \_\_\_\_\_ from:**

Name of Person/Agency: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Prov./Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**\_\_\_ to release (specify information) \_\_\_\_\_ to:**

Name of Person/Agency: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Prov./Postal Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

I understand:

- (a) the period of consent will terminate one year from the date it was granted as indicated below;
- (b) the nature and purpose for which this information is being obtained/released/exchanged;
- (c) this information will be used for the planning and provision of educational services;
- (d) that I may revoke my consent at any time;
- (e) this information will be treated confidentiality;
- (f) that a copy of all information will be made for the confidential files at the UCDSB regional office.
- (g) this information will be placed in the OSR. My initials here \_\_\_\_\_ indicate that consent for this is NOT given.**

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Phone #: \_\_\_\_\_