



Consent to Release Information to a Third Party

Date _____

I _____,
(Full Name)
(include maiden name if applicable) (Date of Birth)

of _____,
(Address) (Telephone)

Hereby consent to the disclosure or transmittal of my Ontario Student Transcript (Transcript) to:

(Full Name) (Relationship)

The last school I attended was _____
(Name of School)

I understand that the Transcript will be sealed for privacy reasons and is not to be opened by any other individual except the person named on this document and envelope, unless the Transcript is being sent to a post-secondary institution. The individual named above is approved to receive my Transcript(s). By signing this form, I am aware, and give my consent to the individual named above to receive the requested document(s).

Consent for Release –

I, being the student named below, have read and understand the information provided on this form. I consent to the release of the above information by the York Region District School Board for the individual named below.

Name of Student (please print) Signature of Student

Name of Third Party (please print) Signature of Third Party

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 905-727-0022 extension 2015 for information about access and privacy.