



## CONSENT FOR INFORMATION SHARING STUDENTS AT THE AGE OF MAJORITY

I, \_\_\_\_\_, a student at \_\_\_\_\_  
(print name) (print name of school)

having reached the age of majority (18) understand that I retain responsibility for my school records. This applies to the Ontario Student Record (OSR) as well as any other information about me retained outside of the OSR.

I hereby consent to ongoing parent/guardian access to my school records.

Please identify an emergency contact, name, address and telephone number.

*COMPLETE AND RETURN TO GUIDANCE SERVICES.*

Name of Emergency  
Contact (PRINT)

\_\_\_\_\_

Emergency Contact's  
Telephone Number

\_\_\_\_\_

Student's  
Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Date of Birth  
(DD/MM/YYYY)

\_\_\_\_\_

*Personal information collected pursuant to the Education Act as amended will be used to provide access to student records as described. Please contact the Information Access and Privacy Office if more information is needed (905-727-0022 ext. 2015).*

**File:** LEG-Consents  
Revised March 2015

**Retain:** Retirement + 5 years in OSR