



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

I, \_\_\_\_\_, a student at Westmount CI  
(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.

☐ I hereby **DO NOT** consent to ongoing parent/guardian access to my school records.

Student Personal Email \_\_\_\_\_

Student Personal Phone # \_\_\_\_\_

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

**COMPLETE AND RETURN TO THE MAIN OFFICE.**

Name of Emergency Contact  
(PRINT) \_\_\_\_\_

Emergency Contact's Phone # \_\_\_\_\_

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

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

Revised March 2015