



Consent for Third Party Reports

The information gathered on this form is pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for all students. Users: Student Services Staff, Principal of student, all teachers responsible for the student's program and designated staff for clerical functions.

To assist in planning the school program for my son/daughter/self:

Student Name: _____
(Print Name)

Date of Birth: _____
(Month, Day, Year)

I, _____
(Print Full Name – Parent/Guardian/Student 18+)

hereby give my permission for the _____
(Type of Report)

(Date of Report)

to be placed in the Ontario School Record (OSR).

Date: _____ Signature: _____
(Parent/Guardian/Student 18+)

TO BE ATTACHED TO OSR COPY OF REPORT

**The Algonquin and Lakeshore Catholic District School Board (ALCDSB)
complies with Ontario's Personal Health Information Protection Act (PHIPA).**

Original: OSR
Copy: Student Services Department