



CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A SCHOOL RECORD

TO BE USED BY STUDENT AGE 18 AND OVER

TO: The District School Board of Niagara
191 Carlton Street
St. Catharines, Ontario
L2R 7P4

RE: Name of Student: _____ Date of Birth: _____

I, _____, of the
City of _____, Ontario, acknowledge that I am 18 years of age or over, and I am or I was a
student within the District School Board of Niagara, most recently attending _____ Secondary
School.

In accordance with section 266 of the Education Act R.S.O. 1990 c. E.2 as amended, I am requesting access to the contents
of my Ontario Student Record (OSR) that is in the possession of the District School Board of Niagara, or a copy of the same.

I hereby authorize the release of this information to _____
who is/are acting on my behalf in a _____.

I hereby consent to the release of this personal information to the above named party in accordance with the Municipal
Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M-56, as amended.

Dated at _____, Ontario this _____ day of _____, 20____

Witness: _____ Signature of Student: _____

***The requester/student must attach a photocopy of a piece of identification
(i.e., driver's licence or birth certificate)***