

**Ottawa Carleton E-School: Consent for Release of  
Personal Information to a Third Party**

Student: _____ <i>Surname, Given name(s)</i>	Date of Birth: _____ <i>(Year, Month, Day)</i>
Address: _____ <span style="float: right;"><i>Postal Code</i></span>	
Telephone #: _____ Email: _____	

I \_\_\_\_\_  
*Please Print Student Name*

hereby authorize Ottawa Carleton E-School to release information to

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*Full Name (Please Print)* *Contact Number*

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*Email Address*

This authorization is valid for one year from the date of signature and can be revoked in writing at any time. This consent is given voluntarily.

I hereby acknowledge that I will have no claim against **Ottawa Carleton E-School** arising from information obtained or releases as specified.

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*Adult Student (over age of 18 yrs)* *Date*