

Ottawa Carleton E-School: Consent For Release Of Information

Student: _____ <i>Surname, Given name(s)</i>	Date of Birth: _____ <i>(Year, Month, Day)</i>
Address: _____ Postal Code _____	
Telephone Number: _____	

I/We _____
Print Name of Parent/Guardian/Adult Student

hereby authorize **Mr. C. Frizell**
Name of School Principal

of **Ottawa Carleton E-School.**

- to release information to
- to obtain information from

Guidance Dept.
Name and Position

School/ Agency Telephone

Address Postal Code

Information Requested: **Transcript and OSR file access (school records)**

Purpose: **Enrolled in our school** (*Assessment, Consultation, Counselling, Programming, etc.*)

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.

Parent/Guardian/Adult Student

Date

Fax completed form to 613-482-4504