

Consent to Release Personal Information to a Third Party

(for students 18 years of age or older)

Student Name:	
Birthday (mm/dd/yyyy):	
Email Address:	
Telephone Number:	

I _____
Type/Print Name

hereby authorize Canada eSchool to release personal information to

Name of Person (parent, guardian, other)

Email Address

This authorization is valid for as long as the above-named student remains a student at Canada eSchool and can be revoked in writing at any time. This consent is given voluntarily. I hereby acknowledge that I will have no claim against Canada eSchool arising from the information obtained or released as specified.

Adult Student Signature (by hand or digital)

Date

Personal Information on this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2, and will be used for educational purposes. Questions about this collection should be directed to the Principal.

Distribution: Original - Ontario Student Record (OSR)

Copies: Originator - Parent/Guardian/Adult Student/Specified Agency