



**CONSENT TO RELEASE ONTARIO STUDENT RECORD**

I, \_\_\_\_\_ hereby consent to the release of  
(name)

the contents of the Ontario Student Record of

\_\_\_\_\_  
(full name of student)

Date of Birth \_\_\_\_\_, Student Number\*\* \_\_\_\_\_

and currently or was enrolled at

\_\_\_\_\_  
(name of current or last school)

to \_\_\_\_\_  
(receiving party)

I am the parent/guardian of the student named herein, and I certify that I am not subject to an Order of the Court denying access to the student named herein.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF STUDENT/  
PARENT/GUARDIAN

**\*\* providing the student number will enable  
the Board to more promptly obtain the OSR**