



FORM F-181 SECTION: STUDENTS	
Adopted/Original Date of Issue	
<input checked="" type="checkbox"/> Last Reviewed <input checked="" type="checkbox"/> Revised	November 2018
Next Review Date	November 2023
Contact	Executive Council

CONSENT TO DISCLOSE PERSONAL INFORMATION

Please be advised the school can only verify data as it exists in school records as of the date of your request which may include the current information only (we do not necessarily maintain a history of previous addresses or custodial information). Records cannot be backdated or changed. In the event there is a dispute because school records were not updated, parents will need to determine alternate sources of verification.

Verification letters shall only be released where satisfactory proof of access can be confirmed. You will be required to produce photo I.D. and will need to provide the school with the student's Ontario Education Number. Please note, these requests may take up to 10 business days to process. Thank you for your understanding.

A separate form must be completed for each pupil.

I, _____, authorize _____
(Print your name) *(Print name of RCDSB school)*

to disclose personal information as follows:

Student Information

Legal Name of Pupil: _____ DOB: _____

Student OEN Number: _____

Information Requested

- Letter from school confirming address/custody information on file
- Letter from school confirming enrollment/attendance
- Signature from school administrator verifying information contained in a pre-filled form
- Other (be specific):

Agency / Organization Requesting Verification (You must provide the request from the agency. The school will keep a copy of the request on file together with this consent form.)

- Revenue Canada
- Social Assistance/Ontario Works
- Other (be specific):

Consent to Disclose

I hereby agree to release and discharge the Renfrew County District School Board, its schools, officers, appointees, employees, representatives from any and all claims, expenses, demands, actions, causes of action and for any and all liability caused and by whomever caused, arising out of, but not limited to, the disclosure of the information being provided as a result of this request.

I agree that information contained in the letter may have been provided by the parent/guardian and is not necessarily verified by the school. The school or Board cannot be held responsible for any errors or omissions.

Please sign in the appropriate space(s) below. By signing this consent you confirm that you have read this Consent to Disclose personal information and that you agree to be bound by its contents. You understand that this consent is voluntary and that you can refuse to sign this form.

To be signed by the individual named above **where he or she is sixteen (16) years of age or over:**

Signature: _____ Print name: _____

Date: _____

If the individual named above is over 16 but **under 18 years of age**, their parent or guardian **must also** sign below.

To be signed by a **parent or legally appointed guardian** of the individual named above where he or she is under the age of eighteen (18) years:

Signature: _____ Print name: _____

Date: _____

Please provide your contact details below:

Name: _____

Address: _____

Phone Number: _____ Alt Telephone #: _____

Photo ID provided: _____ (to be signed by school)

Personal information on this form is collected under the authority of the Education Act and is subject to the Municipal Freedom of Information and Protection of Privacy Act. The personal information collected will be used for education, administration, and statistical purposes of the Board and/or Ministries and Agencies of the Government of Ontario and the Government of Canada. Questions about this collection of personal information should be directed to the Freedom of Information Coordinator, 1270 Pembroke Street West, Pembroke, Ontario K8A 4G4 613-735-0151.

Form History

Approved :	
Reviewed:	November 2018
Revised:	November 2018