



CONSENT TO DISCLOSE PERSONAL INFORMATION TO PARENTS/GUARDIANS

AGE OF MAJORITY Students 18 years of Age or Older

Student's Last Name _____ First _____ Initial _____

Date of Birth ____/____/____ Student Ph. # _____
Year Month Day

Student Email address: _____

- I give John Taylor Collegiate permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).
I do not give John Taylor Collegiate permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City & Postal Code: _____

Telephone Number: Home _____ Work _____

Dated this _____ day of _____, 20____

Student Signature: _____

Witness (Must be 18 years or older) _____

Date of Receipt by School Administrator _____ Initials _____

This release form must be signed on or after the student's 18th birthday and returned to the School Administration Office.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used and disclosed for the purpose of participating of maintaining student records. If you have any questions about the collection of this information contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.