



**Consent for Release of OSR
(Ontario Student Record)
2018-2019**

FASCINATING MINDS



SINCE 1911

CONSENT FOR RELEASE OF OSR (Ontario Student Record)

Required for students from Ontario entering Appleby in September 2018

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 _____
Name of School Principal

of _____
Name of School

- to release information to
- to obtain information from

Katrina Samson, Head of School _____

Appleby College <i>School/ Agency</i>	905-845-4681 <i>Telephone</i>
540 Lakeshore Road West, Oakville, Ontario <i>Address</i>	L6K 3P1 <i>Postal Code</i>

Information Requested: Ontario Student Record _____

Purpose: Student Record Transfer
(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.

Parent/Guardian/Adult Student

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