



**CATHOLIC DISTRICT SCHOOL
BOARD OF EASTERN ONTARIO**

Kemptville, Ontario K0G 1J0
Phone: (613) 258-7757 or 1-800-443-4562
Fax: (613) 258-7134

APPENDIX 2

AUTHORIZATION FOR ACCESS TO OSR: STUDENT OVER AGE 18

SCHOOL NAME: _____

NAME OF STUDENT: _____ **DATE OF BIRTH:** _____

I, _____, of the City/Town of _____,
Ontario, acknowledge that I am/was a student within the Catholic District School Board of Eastern Ontario, and I
am 18 years of age or older.

In accordance with section 266 of the *Education Act*, R.S.O. 1990, c. E.2, as amended, I am requesting access to the
contents of my Ontario Student Record (OSR) that is in the possession of the Catholic District School Board of
Eastern Ontario, or a copy of the same.

I hereby authorize the release of this information to:

who is/are acting on my behalf in a _____

I hereby consent to the release of this personal information to the above-named party in accordance with the
Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, as amended.

Dated at _____ Ontario this _____ day of _____, 20____.

Witness: _____ Student: _____

**Please attach a photocopy of a piece of identification (i.e. driver's license,
birth certificate)**