



**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 3

AUTHORIZATION FOR ACCESS TO OSR: STUDENT UNDER AGE 18

SCHOOL NAME: _____

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

I, _____, of the City/Town of _____,
Ontario, acknowledge that I am the parent/guardian of the above-named child, who is under age 18, and that I have
not been precluded access to this information concerning the health, education or welfare of the above-named child
by a court order or separation agreement.

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 child's 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: _____ Parent/Guardian: _____

**Please attach a photocopy of a piece of identification (i.e. driver's license,
birth certificate or S.I.N.**