



REQUEST FOR THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A SCHOOL RECORD

TO BE USED BY PARENT/GUARDIAN OF STUDENT UNDER AGE 18

TO: The District School Board of Niagara
191 Carlton Street
St. Catharines, Ontario
L2R 7P4

RE: Name of Child/Student: _____
Date of Birth: _____ Last School Attended: _____
Name of Child/Student: _____
Date of Birth: _____ Last School Attended: _____

I, _____, of the

City of _____, Ontario, acknowledge that I am the parent/guardian of the above named child(ren), who is/are 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(ren) 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(ren)'s Ontario Student Record(s) (OSR(s)) that are in the possession of the District School Board of Niagara, 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: _____

**The requester/parent must attach a photocopy of a piece of identification
(i.e., driver's licence or birth certificate)**