

**CONSENT TO OBTAIN and/or RELEASE INFORMATION**

I, \_\_\_\_\_, hereby give my consent for the Upper Canada District School Board (UCDSB) to :

print name of parent /legal guardian or student over age 18

obtain                       release

psychological/psycho-educational/educational information regarding:

Name of Student: _____	Date of Birth: _____ day                      month                      year
School: _____	Student ID #: _____

INFORMATION WILL BE OBTAINED FROM AND/OR RELEASED TO :

Name of Person: \_\_\_\_\_  
 School Board/Agency: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Prov./Postal Code: \_\_\_\_\_

INFORMATION FOR THE UCDSB IS TO BE SENT TO :

Name of Person: \_\_\_\_\_  
 School/Department: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Prov./Postal Code: \_\_\_\_\_

I understand that:

- I may revoke my consent at any time
- this information will be treated confidentiality
- obtained information will be placed in the UCDSB regional psychology confidential file
- this information will be used for the planning and provision of educational services
- a copy of this information will be placed in the documentation file of the OSR for educational planning purposes by school staff  
 (please cross out the above sentence **and** initial here \_\_\_\_\_ if CONSENT FOR OSR PLACEMENT IS DENIED)

**The above has been explained to my satisfaction and is clearly understood by me.**

\_\_\_\_\_  
(Parent/Legal Guardian of student under 18 yrs. of age)                      (Relationship to Student)                      (Date: day/month/year)

\_\_\_\_\_  
(Student/Former Student 18 yrs. old or over)                      (Date: day/month/year)

\_\_\_\_\_  
(Witness)                      (Date: day/month/year)

\_\_\_\_\_  
(Location)