



## Authorization for Release of Information

I, \_\_\_\_\_ declare that I am:  
*(Please print name of consenting party)*

The parent/legal guardian of:

*Name of Student:* \_\_\_\_\_

*Date of Birth of Student:* \_\_\_\_\_

OR

A minor child, who is 16 years of age or older and who has withdrawn from parental control

OR

A student or former student who is 19 years of age or older.

I hereby authorize the Nova Central School District to release information to:

\_\_\_\_\_  
*(Name and contact information of Individual or Organization – Please print)*

**Information Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Consenting Party:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The personal information requested on this form is collected under the authority of the *Schools Act, 1997*. This information will be used for the establishment of a student record; to administer and evaluate educational programming and support services; to allocate staff and other resources appropriately; to determine eligibility for funding; for contact purposes in the event of problems or emergencies; for statistical purposes; and, for other purposes that relate directly to, and are necessary for, operating a program or activity. This information will be treated in accordance with the privacy protection provisions of the *Access to Information and Protection of Privacy Act* and school district staff are required by law to protect the personal information provided on this form. If you require further information on the collection and use of this information, contact the school principal or the Senior Education Officer (Corporate Services) at the district office.