



Northeastern Catholic District School Board

383 Birch Street North, Timmins, ON P4N 6E8
705.268.7443 or 877.422.9322 Fax 705.267.3590
www.ncdsb.on.ca

Consent to the Collection and/or Release of Personal Information

This form authorizes the collection and/or release of personal information for the purpose outlined. This consent is valid for the current school year and may be cancelled or changed by the authorizer in writing at any time, providing action has not already been taken on the basis of this authorization.

Name of Student (please print)

Parent/Guardian/Adult Student (please print)

Address Home Phone

(H)-2 uT 141.1 8v 0.48 re f 303.6 597.6 0.481 0.48 re f 304.08 5sMC /Pa.

School Date of Birth (yy/mm/dd)

I hereby consent to the collection and/or release of personal information by:

Name (please print)

Organization/School Name (please print)

Address Home Phone

City Province Postal Code

For disclosure to

Name (please print)

Organization/School Name (please print)

Address Home Phone

City Province Postal Code

Describe the personal information and the purpose for collecting and/or releasing:

Blank lines for describing the personal information and the purpose for collecting and/or releasing.

Parent/Guardian/Adult Student Signature

Student Signature

Date Witness Signature

Information is collected or released under the authority of the Education Act and/or the signed authorization of the individual in accordance with the Municipal Freedom of Information and Protection of Privacy Act