Appendix C

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**
City, Province	**Postal Code**
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 (Please Print)**
Phone	**Address**
City, Province	**Postal Code**

To:

Name (Please Print)	**Organization/School (Please Print)**
Phone	**Address**
City, Province	**Postal Code**

Describe 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 the Education Act and/or the signed authorization of the individual in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of identified above. If you have any questions about the collection of personal information please contact the principal of the School, the Superintendent of Education at [ ], or the Privacy Officer at 400 Taunton Road East, Whitby, ON L1R 2K5, foi.privacy@ddsb.ca, 905-666-5500.