

**Simcoe County District School Board
Consent to Release Information to a 3rd Party**

I,	(Full Name – please include both maiden name and current name if applicable)	(Date of birth)
Of	(Address)	(Telephone)
I hereby consent and authorize the Simcoe County District School Board to release my educational verification documents to:		
	(Name of person picking up the document)	(Relationship)
Last school attended:		

I also understand that the document(s) will be sealed in an envelope for privacy reasons, and is not to be opened by any other person except the person named on the document. The person indicated above understands they must bring their personal, valid, photo identification, along with this letter in order to pick up the educational verification documents requested.

Name of Student (please print)	Signature of student
Name of 3 rd Party (please print)	Signature of 3 rd Party
Date:	

Office Use	
Staff member authentication of 3 rd Party:	<input type="checkbox"/> Valid Identification provided
	Type of Identification:
Date:	

Personal information is collected pursuant to the Education Act R.S.O. c.e.z, as amended, and will be used to allow Central Transcript Services to disclose person information to a third party. Contact 905-727-0022 ext. 2015 for information about information access and privacy.