

**CONSENT FOR
EXCHANGE OF INFORMATION**
(Various agencies, individuals, and/or organizations)

Student's Name: _____	D.O.B.: _____
<small>Surname</small>	<small>Given Name</small> <small>(yy/mm/dd)</small>
Grade and Placement: _____	O.E.N. _____
Parent/Guardian Name(s): _____	
Address: _____	
Home Telephone Number: _____	911# (if applicable) _____
School: _____	Date: _____
	<small>of Completion of Form</small> <small>(yy/mm/dd)</small>
Form Completed by: _____	Title: _____

I authorize the Avon Maitland District School Board to obtain information relevant to the education of my child from ...

Appropriate Agency/ Individual

If deemed appropriate, such information will become part of my child's Ontario School Record

Signature(s) _____

Witnessed/Verified By _____

Date _____

I authorize the Avon Maitland District School Board to convey information relevant to the education of my child to ...

Appropriate Agency/ Individual

Signature(s) _____

Witnessed/Verified By _____

Date _____

Distribution: signed original to Applicable Agency/Individual/Organization; copy to OSR; signed Consent from external agency, individual, and/or organization filed in OSR

Personal information on this form is collected under the authority of the Education Act and will be used for educational, health and welfare purposes affecting the student. This form will be retained in the student's Ontario Student Record. Questions about this collection should be directed to the school principal or the Superintendent of Education (Special Education), Avon Maitland District School Board, 62 Chalk Street, North, Seaforth, Ontario N0K 1W0, telephone 519-527-0111 or 1-800-592-5437