

Consent to Disclosure transmittal and/or examination of records or information

I, _____ (print name/ Guardian and
state relationship or student's name 18 or older)

Of _____ (Address)

Hereby gives consent to disclosure or transmittal to or the examination by:

Chippewas of the Thames First Nation – Secondary Student Advocate

In respect of:

Student's First Name:	Student's Last Name:
Date of Birth:	Student Number – see report card information:
School Name:	Telephone Number:

For the purpose of: Providing transportation, student support and incentives (reason for disclosure e.g. Educational Planning)

Description of information to be disclosed:

- (X) Records/ Reports compiled in/by: Thames Valley District School Board including:
- (X) Any pertinent information related to attendance and/or well-being
- (X) Educational records or information related to achievement

This consent is valid for the current school year through to August 30 2026.

I understand that I may revoke this consent in writing at any time before the duration of consent expires, except where action has already been taken in reliance on authorization.

Signature of Parent/Guardian or Student 18 or older

Date