



Toronto Catholic District School Board

AUTHORIZATION FOR THE EXCHANGE OF INFORMATION

STUDENT NAME _____

STUDENT NO. _____

SURNAME _____

FIRST NAME _____

BIRTHDATE _____

GRADE/PLACEMENT _____

SCHOOL _____

Y-M-D

AUTHORIZATION

I / We, the undersigned, hereby authorize the exchange of information between the

TORONTO CATHOLIC DISTRICT SCHOOL BOARD
and

School Board, Agency, Doctor, etc.

Address

It is understood that the information being exchanged may include academic, attendance, psychiatric, medical, psychological, and social work reports. It is further agreed that the sender may indicate other agency sources.

Yes

No

Signature of Parent (s)
or Legal Guardian _____

Date: _____
Y-M-D

Personal information contained on this form is collected under the authority of Sections 8 & 11 of the Education Act, and will be used as authorization or the exchange of information relevant for educational purposes. Questions about this collection should be directed to the parent(s)/guardian.