

CONSENT TO AN EXCHANGE OF INFORMATION

I/we,

Print First and Last Name of Parent(s) / Legal Guardian(s)

of

Street

City

Postal Code

hereby consent to an exchange and release of information (written and verbal) between Bloorview School Authority and relevant staff from

(name of School Board / Agency/ Organization)

In respect of:

Name of Student

Date of Birth – dd/mm/yyyy

I/we understand that this two way exchange of information is to be used to direct and inform educational programming and the co-ordination of services. This may include school and classroom visits.

Signature

Parent/Guardian

Relationship to student

Dated this

___ Day of

(month)

(year)

Authorizing person(s) may cancel or change the above authorization in writing at any time. The authorization is valid for a period of two years from the date this form is signed.

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and the use of this personal information should be directed to, Bloorview School Human Resources, at 416 424-3831.