



CONSENT TO DISCLOSE INFORMATION TO PARENT(S)/LEGAL GUARDIAN(S) – ADULT STUDENTS

When a student reaches the age of 18 years old, the student is an “adult” for the purposes of the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*, which stipulates the adult student’s written consent is required for the school or TDSB to disclose their personal information.

“Personal information” may include report cards, transcripts, attendance record(s), late/absent notifications, excursion forms, and all regular school communications, including any other official record pertaining to the student’s ongoing education at the Toronto District School Board.

In order for the parent(s)/legal guardian(s) to continue receiving information about their adult student’s education (e.g. report cards, parent-teacher interviews) and regular school communications (e.g. absent/late notifications), the TDSB requires the adult student’s written consent as indicated below.

If the adult student does not provide consent, then the school and TDSB will be unable to provide personal information to the adult student’s parent(s)/legal guardian(s) and will communicate with the adult student.

ADULT STUDENT INFORMATION	
Last Name:	First Name:
OEN:	Date of Birth: (YYYY/MMM/DD)
CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION TO PARENT(S)/LEGAL GUARDIAN(S)	
<input type="checkbox"/>	I, the adult student as noted above, hereby AGREE and CONSENT to the disclosure of my personal information held
(X)	by the school or TDSB to my parent(s)/legal guardian(s) as noted below. I understand that I can withdraw this consent in writing at any time.
NAME OF PERSON:	RELATIONSHIP TO ADULT STUDENT:
REFUSAL TO CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION TO PARENT(S)/LEGAL GUARDIAN(S)	
<input type="checkbox"/>	I, the adult student as noted above, DO NOT CONSENT to the disclosure of my personal information held by the
(X)	school or TDSB to my parent(s)/legal guardian(s).

SAFETY/EMERGENCY CONTACT ACKNOWLEDGEMENT
I acknowledge that my school will notify my emergency contact(s) under the school’s procedures in the event of a medical and/or other emergency affecting my health and/or safety. I will keep the school informed about my emergency contacts. The school will not provide other personal information about me to other persons except as required or permitted by law. I can withdraw this consent in writing at any time.

I have read and understand the contents, meaning and impact of this consent form, and hereby acknowledge that I can withdraw this consent in writing to the school at any time, and that by not consenting, I assume sole responsibility for this information and will act independently with the school.

Adult Student Signature

Date

This form is to be filed in the Documentation Folder of the OSR

