



# ALGOMA DISTRICT SCHOOL BOARD

**PERMISSION FOR RELEASE OF INFORMATION  
TO/FROM  
THE ALGOMA DISTRICT SCHOOL BOARD**

I, \_\_\_\_\_, hereby consent to the sharing of information and to the disclosure or transmittal of assessments or other information relevant to and assisting the education process of \_\_\_\_\_, \_\_\_\_\_, (Student) (D.O.B.: Year/Month/Day) between the Algoma District School Board and The Algoma & Huron-Superior Transportation Services Consortium (Agency or Professional)

Signature: \_\_\_\_\_  
(Parent/Guardian/Adult Student) \_\_\_\_\_ Date \_\_\_\_\_

## **Notice of Collection of Personal Information:**

In accordance with section 29 (2) of the Municipal Freedom of Information and Privacy Act, personal information is being collected on this form under the authority of section 266(2, 6 and 10) of the Education Act, and will be used only for the improvement of instruction of the student. If you have any questions regarding the collection of this information, please call the school principal.

***This consent form is valid for one year from the date of signature.***

ORIGINAL - retained in O.S.R. if ADSB releasing information.  
If ADSB requesting information: original to Agency, copy to O.S.R & Special Education Coordinator