



PROGRAMS AND STUDENT SERVICES
CONSENT TO PHOTOCOPY A STUDENT RECORD REQUEST FORM

All requests for copies of student records, including telephone requests, must be supported by written documentation. This Request Form must be accompanied by proof of identification (e.g., photocopy of driver's license, birth certificate or passport). For more information, please refer to Policy IV-A-3, Access to Student Information and Student Records, available in the Policy Manual section of the SRCE website.

STUDENT INFORMATION:

Student Name (full name at time of attendance):

_____	_____	_____
Last Name	First Name	Middle Name
Date of birth: _____		Last Grade Completed: _____
Name of School: _____		Year of Completion: _____

I hereby request a photocopy of the following information (please be specific):

STUDENT RECORDS REQUESTED BY:

Name: _____ Relationship to student: _____

Signature: _____

Signature for consent by parent/guardian: _____

Date that the photocopies were requested: _____

Address to where you would like the information sent: _____

Telephone: _____ Email (optional): _____

For Office Use: Date Received: _____ ID Type: _____

Date Applicant ID Verified and by Whom: _____

The Strait Regional Centre for Education is committed to protecting the privacy, confidentiality and security of all personal information that has been entrusted to us. The Regional Centre will collect, use, disclose, protect and retain personal information in accordance with the Freedom of Information and Protection of Privacy (FOIPOP) Act and other applicable legislation and policies. For more information, please contact our FOIPOP Administrator.