

Waiver: Release of Information Form

Date: _____

Board Contact's Name: _____

School/Board: _____ Fax No.: _____

E-mail address of Board Contact: _____

Permission

I hereby authorize HWDSB to release to the third party above my Secondary School transcript .

The personal information collected on this form will be used to process your request to release specific information. **HWDSB** is committed to the protection of privacy and complies with all applicable provisions of the Education Act, the Municipal **Freedom of Information** and Protection of Privacy Act (MFIPPA) and any other applicable legislation.

Student signature: _____ Date: _____

Student Information

Student Name: _____ Student Phone #: _____

DOB: _____ OEN: _____

Last school and year attended: _____