



STUDENT RECORDS REQUEST

Pacific Rim School District is required to collect personal information to operate the programs and services of the School District, in accordance with the *School Act*. Personal information contained on this form is collected and protected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purposes of responding to and fulfilling your request. If you have any questions about the collection, use or disclosure of this information, please contact Paula Mason at 250-720-2770. Signed and completed forms can be submitted via e-mail to pmason@sd70.bc.ca.

Please complete the following informed consent document if:

- you require the disclosure of personal information of a school-aged child for whom you have the legal right to make such request, to another person, designated agent or agency, legal counsel or for other purposes, or if
- you are 18 years of age or older and require the disclosure of your personal information to another person, designated agent or agency, legal counsel or for other purposes, or if
- you are 18 years of age or older and require the disclosure of your personal information to yourself.

Proof of Identity: To ensure the privacy and security of the student information this request must be accompanied by:

1. A copy of the birth certificate, passport, drivers license, or other ID containing the student’s name, photograph and signature.
2. Proof of ID for the individual requesting the record if other than the student.
3. If a third party is designated to pick up the records, they must also present their identification at the time of collection.

Student Information:

Birth surname:		Legal given name(s):	
Married surname:		Usual given name(s):	
Date of birth:		Phone number:	
Current address:			
Last school attended:		Last Year Attended:	
Last grade attended:		Year graduated/withdrawn:	

Parent/Guardian (if required):

Surname:		Phone number:	
Given name(s):		Relationship to student:	
Current address:			

Authorizing release to:

Company name:		Contact name:	
Current address:		Phone number:	
		Extension:	

Authorization to release information:

I authorize the Pacific Rim School District (Board of Education) to disclose a copy(ies) of the following records:

Student signature

or parental/legal guardian signature
if applicable

Printed name of student

or parental/legal guardian name
if applicable

Date