

The Burnaby School District is required to collect personal information to operate the programs and services of the School District. 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 the Student Records Office at (604)296-6915 Ext: 660 300.

**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
- 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,

**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 licence, or other ID containing the student's name, photograph and/or 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Last grade attended: _____	Year graduated/withdrawn: _____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 Burnaby Board of Education School District 41 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
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Signed and completed forms can be submitted via e-mail to [records\\_enquiry@sd41.bc.ca](mailto:records_enquiry@sd41.bc.ca) or faxed to 604-296-6916