



**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
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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): \_\_\_\_\_

**STUDENT RECORDS COPIED (to be completed by SRCE staff):**

Authorized school signature: \_\_\_\_\_

Date that the photocopies were completed: \_\_\_\_\_

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.