

**CONSENT TO THE RELEASE OF PERSONAL STUDENT INFORMATION
for consideration of a Special Equipment Amount (SEA) Claim**

I (We) _____
(Print full name: First Name, Last Name)

hereby consent to the disclosure of the following information, reports and/or consultations*:

(Please specify)

compiled or prepared by _____
(Name of institution, agency or person eg District School Board)

(Address)

with respect to _____
(Name of student) _____
(Date of Birth – yr/mo/day)

(School) _____
(Student OEN#)

to: _____
(Name of Institution, agency, or person eg District School Board)

(Address)

for the purpose of supporting a Special Equipment Amount (SEA) claim.

Signature: _____
(Parent/Guardian/Student aged 18 or over)

Witness: _____
(Relationship to Student)

Dated: _____
(Yr / Mo / Day)

This consent remains valid until _____, to a maximum one year from date of signature.
(yr/mo/day)

* This information may be viewed by Ministry of Education personnel, for auditing purposes.

This information is collected in accordance with the Education Act and the Municipal Freedom of Information and Protection of Privacy and will be used to the purpose of determining eligibility of and/ or supporting a special Equipment Amount (SEA) claim. Questions regarding this form should be directed to the Superintendent of Special Education Services.