



Authorization for Guidance Counsellors to Access Student Information

for students not enrolled in the school

Please Print

STUDENT INFORMATION									
Birthdate						Learning ID			
Day	Month	Year							
Last Name									
First Name					Middle Name				

Permission is granted to:

_____ School/Institution Name

to access my academic record in the Student Data System during the school year _____
(check the appropriate box below and initial in the blank) School Year

- up to September 30 _____
Initial
- up to April 30 _____
Initial
- up to November 30 _____
Initial
- up to June 30 _____
Initial
- up to February 28 _____
Initial

for the purpose of:

- determining secondary level programming (Gr. 10-12)
- other reason (explain briefly)

			<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Day</th> <th style="width: 25%;">Month</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year							
Student or parent/guardian (if student is under 18 years of age and not present)	Signature								
			<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Day</th> <th style="width: 25%;">Month</th> <th style="width: 50%;">Year</th> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year							
Guidance Counsellor	Signature								

If consent cannot be obtained, please contact *Student and Educator Services* at student.records@gov.sk.ca before accessing the student's information.

This form must be kept on file at the school for a minimum of five years in a secure but accessible location in the event of an audit.