



Freedom of Information and
Protection of Privacy Provisions

Consent to Disclose Cumulative Student Record Information

Student Name: _____

This consent form is to be completed in the following circumstances:

1. When the Sturgeon School Division student wants the division/school to release personal information such as birth date, grade or program information or other student record information; or
2. When an agency, the media, government body, firm/organization or individual requests student record information about a student of the Sturgeon School Division.

I, _____
Sturgeon School Division Student or Parent/Guardian on behalf of Student

Hereby consent for the following information about me or about my son/daughter to be released:

- Academic achievement and/or attendance information
- Demographic information (age, address, telephone, etc.)
- Student record information
- Student behaviour information
- Other (specify)

To: _____

Signed this _____ day of _____, _____

Sturgeon School Division Student or Parent/Guardian on Behalf of Student

The information requested is being collected pursuant to the School Act, Section 23, and the FOIP Act, Sections 33(c), 39(1) (b) and 40 (1) (c). Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Dave Johnson, FOIPP Coordinator at 780-939-4341 or djohnson@sturgeon.ab.ca