

**MORDEN COLLEGIATE INSTITUTE  
ACCESS TO PUPIL INFORMATION  
PUPILS 18 YEARS OF AGE OR OLDER  
CONSENT TO DISCLOSE PERSONAL INFORMATION TO  
PARENTS/GUARDIANS**

Student's Legal Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year

Month

Day

- I give (**Morden Collegiate**) permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).
  
- I do not give (**Morden Collegiate**) permission to release school-related information, such as academic progress, attendance records and conduct reports to my parent(s)/guardian(s).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 202\_

Student Signature: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Witness (18 years or older): \_\_\_\_\_

Note: This release form must be signed on or after the student's 18<sup>th</sup> birthday and returned to the School Administration Office.