

## 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

- |   |   |
|---|---|
| <input type="checkbox"/> up to September 30 _____<br><div style="text-align: center; font-size: small;">Initial</div> | <input type="checkbox"/> up to April 30 _____<br><div style="text-align: center; font-size: small;">Initial</div> |
| <input type="checkbox"/> up to November 30 _____<br><div style="text-align: center; font-size: small;">Initial</div>  | <input type="checkbox"/> up to June 30 _____<br><div style="text-align: center; font-size: small;">Initial</div>  |
| <input type="checkbox"/> up to February 28 _____<br><div style="text-align: center; font-size: small;">Initial</div>  |   |

for the purpose of:

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

\_\_\_\_\_  
Student or parent/guardian (if student is under 18 years of age and not present)

\_\_\_\_\_  
Signature

Day	Month	Year

\_\_\_\_\_  
Guidance Counsellor

\_\_\_\_\_  
Signature

Day	Month	Year

If consent cannot be obtained, please contact *Student and Educator Services* at [student.records@gov.sk.ca](mailto: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.***