

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:

Day	Month	Year	

_____ on _____

School/Institution Name

to access my academic record in the Student Data System for the purpose of:

- determining appropriate course enrolments
- other reason (explain briefly)

Student (or parent/guardian if student is under 18 years of age)

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 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.