

# 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)

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\_\_\_\_\_  
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](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.**