

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 | | |
|-----|-------|------|--|--|
| | | | | |

School/Institution Name

on

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

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

| Day | Month | Year | | |
|-----|-------|------|--|--|
| | | | | |

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

Signature

| Day | Month | Year | | |
|-----|-------|------|--|--|
| | | | | |

Guidance Counsellor

Signature

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.***