



**STUDENT/PARENT REQUEST FOR
NLSD TO DISCLOSE PERSONAL
INFORMATION**

F 170-5

CONSENT TO DISCLOSE PERSONAL INFORMATION

Freedom of Information and Protection of Privacy
Regulation A.R. 200/95, as amended, Sections 39 (1)(b) & 40 (1)(d)

This consent form is to be completed in the following circumstances:

When the Northern Lights School Division No. 69 student has reached the age of eighteen (18) or is the age of sixteen (and considered an Independent Student (code 121-Alberta Education); and consents to the Northern Lights School Division to provide/release personal information, such as birthdate, grade or program placement, academic standing, or other student record or personal information.

I, _____,
(Printed Name) NLSD Student

hereby consent to the release of personal information about me to the following individual(s):

Signed this _____ day of _____, 20_____

Signature of Student

Questions or concerns may be raised with or addressed to the NLSD FOIP Coordinator at 6005-50 Avenue, Bonnyville, Alberta, T9N 2L4, 826-3145 or 1-888-826-3145 or Fax at 826-4600 or with your local school FOIP Coordinator.