

Request for School Records Consent to Release Information to a Third Party Form

Personal Information and Proof of Identity:

NVSD44 collects and protects personal information under the authority of the Freedom of Information and Protection of Privacy Act for the purposes of operating the programs and services of the School District. Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purposes of responding to your request. If you have any questions about the collection, use or disclosure of this information, please call the Office of the Secretary-Treasurer at 604 903 3452.

To ensure the privacy and security of student record information, this request must be accompanied by a copy of the Passport, Driver's Licence or other ID containing the student's name, date of birth, photograph and signature. Once the ID is verified, the copy of the ID will be destroyed. The proof of identity must be of the person requesting the record. In addition, if the third party is designated to pick up the record on behalf of the requestor, they must also present their personal ID when they come to pick up the record.

If you require the disclosure of your own records, or records of a school-aged child for whom you have the legal right to make such a request, to another person, designated agent or agency, legal counsel or for other purposes, please complete this document and return it to the Records Management Department, 2121 Lonsdale Avenue, North Vancouver, BC, V7M 2K6. If you choose to return the completed form and credit card authorization via email, you are assuming all risk associated with the electronic transfer of your personal information, which may include the transmission of this information outside Canada to servers in other jurisdictions subject to foreign laws and privacy rights. Our email address is records@sd44.ca.

Emailing records:

If you opt to have the records requested sent via email, please note that you are assuming all risk associated with the electronic transfer of your personal information, which may include the transmission of this information outside Canada to servers in other jurisdictions subject to foreign laws and privacy rights. Please note emails sent from sd44 email addresses are not encrypted.

Full Legal Name: _____ Maiden Name: _____

Phone: _____ Email: _____ Date of Birth: _____

(dd-mmm-yyyy)

Proof of Identity or Authority to request information sought is attached (i.e., Court Order, Birth Certificate, Passport, Driver's Licence)

I authorize North Vancouver School District to disclose:

Permanent Student Record Card Transcript / Report Cards (2 years) Student File (if under the age of 22)

To: _____

(Identify the person, designated agent or agency, legal counsel or other to whom information is to be released)

Address: _____

Within the period: _____

(Provide date range for which this permission will exist)

Request: Certified Copy Non Certified Copy Number of Copies required: _____

Processing Fee:

- Regular service (5 business days) for a certified copy of a Transcript/Report Card(s) or Permanent Student Record Card is \$10.00 for the first copy, \$5.00 for each additional copy within the same request. A copy of a full student file starts at \$25 plus \$0.25 per page (cost recovery based on time and materials).
- **If you opt for records delivery via mail, the cost of postage will be added to your request.**
- Certified copies are not released until payment is made by cash or credit card.
- A signed credit card authorization must accompany the request for records. Payment in cash is accepted in person only at the Education Services Centre located at 2121 Lonsdale Avenue, North Vancouver, BC, V7M 2K6.

Indicate if records are to be: Collected in Person Collected by: _____

Sent via Mail Sent via Email

I declare I have made this authorization voluntarily and the information on this form is true and correct. If I have opted to have the records sent via email, I assume all risks associated with the electronic transmission of personal information, as described above.

Signature: _____

Date: _____