



Consent for Release of OSR (Ontario Student Record)

2026-2027

FASCINATING MINDS



SINCE 1911

CONSENT FOR RELEASE OF OSR (Ontario Student Record)

Required for students from Ontario entering Appleby College in September 2026

Student: _____
(*Surname, Given name(s)*)

Date of Birth: _____
(*Year, Month, Day*)

Address: _____
Postal Code _____

Telephone Number: _____

I/We _____
Print Name of Parent/Guardian/Adult Student

hereby authorize _____
Name of School Principal

of _____
Name of School

- to release information to
- to obtain information from

Fraser Grant, Head of School & Deputy Principal

Appleby College _____ 905-845-4681
School/ Agency _____ *Telephone*

540 Lakeshore Road West, Oakville, Ontario _____ L6K 3P1
Address _____ *Postal Code*

Information Requested: Ontario Student Record

Purpose: Student Record Transfer

(Assessment, Consultation, Counselling, Programming, etc.)

This authorization is valid for one year from the date of signature and can be revoked in writing at any time. This consent is given voluntarily.

Parent/Guardian/Adult Student

Date

Personal Information on this form is collected under the authority of the Education Act, R.S.O. 1990,c.E.2, and will be used for educational purposes. Questions about this collection should be directed to the Principal.

Distribution: Original - Ontario Student Record (OSR)
Copies: Originator - Parent/Guardian/Adult Student/Specified Agency