Manitoba

Education
Instruction, Curriculum and Assessment Branch
Distance Learning Unit
555 Main Street, Winkler, MB R6W 1C4
T 204-325-1700 or 1-800-465-9915 **F** 204-325-1719
www.edu.gov.mb.ca/k12

ACCESS TO STUDENT INFORMATION
FOR STUDENTS 18 YEARS OF AGE OR OLDER

CONSENT TO DISCLOSE PERSONAL INFORMATION TO:

- Parent/Guardian/Representative and/or
- Independent Study Option School Facilitator

Student's Legal Last Name _____ First Name _____ Middle Initial _____

Date of Birth: _____ _____ _____
Year Month Day

❒ I give the ISO permission to release course related information, such as academic progress reports to my parent(s)/guardian(s)/representative.

❒ I give the ISO permission to release course related information, such as academic progress reports to the ISO school facilitator at my school.

Parent/Guardian or Representative Name:		School Facilitator Name:	
Parent/Guardian Address:		School Name:	
Telephone Number		Telephone Number:	
City/Town:		City/Town:	
Postal Code:		Postal Code:	

Student Signature: _____

Witness (18 years or older) required _____

Date document signed: _____

(To be signed on or after the student's 18th birthday)

PLEASE FAX THIS FORM TO THE ISO OFFICE AT 204-325-1719