



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

# Consent Form

## Lisgar Collegiate Institute

### Permission To Have Access to My Academic Records

I \_\_\_\_\_, a student at Lisgar  
First Name Last Name

Collegiate Institute, having reached the age of 18, hereby authorize administration of the school to release all information pertaining to my educational records to:

_____	_____
Name	Relationship to Student or Organization
_____	_____
Name	Relationship to Student or Organization
_____	_____
Signature of Student	Date
_____	_____
Witness	Date

Return this completed form to the Lisgar CI Main Office, or email it to [lisgarci@ocdsb.ca](mailto:lisgarci@ocdsb.ca)

Lisgar Collegiate Institute  
29 Lisgar Street, Ottawa, Ontario, K2P 0B9  
Email [lisgarci@ocdsb.ca](mailto:lisgarci@ocdsb.ca) | Phone 613-239-2696 | Fax 613-235-7497

**OCDSB 929**

File in Student's OSR. Keep until superseded, or cull 5 years after student has left the school.