



# Authorization for Guidance Counsellors to Access Student Information

for students not enrolled in the school

Please Print

STUDENT INFORMATION									
Birthdate						Learning ID			
Day	Month	Year							
Last Name									
First Name					Middle Name				

Permission is granted to:

\_\_\_\_\_  
School/Institution Name

to access my academic record in the Student Data System during the school year \_\_\_\_\_  
(check the appropriate box below and initial in the blank) School Year

- up to September 30 \_\_\_\_\_  up to April 30 \_\_\_\_\_  
Initial Initial
- up to November 30 \_\_\_\_\_  up to June 30 \_\_\_\_\_  
Initial Initial
- up to February 28 \_\_\_\_\_  
Initial

for the purpose of:

- determining secondary level programming (Gr. 10-12)  other reason (explain briefly)

Day	Month	Year

\_\_\_\_\_  
Student or parent/guardian (if student is under 18 years of age and not present)

\_\_\_\_\_  
Signature (electronic signature acceptable)  
(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)

Day	Month	Year

\_\_\_\_\_  
Guidance Counsellor

\_\_\_\_\_  
Signature (electronic signature acceptable)  
(I acknowledge that in accordance with The Electronic Information and Documents Act, 2000, my electronic signature has the same effect as a signature.)

Clear

If consent cannot be obtained, please contact *Student and Educator Services* at [student.records@gov.sk.ca](mailto:student.records@gov.sk.ca) before accessing the student's information.

*This form must be kept on file at the school for a minimum of five years in a secure but accessible location in the event of an audit.*

Submit