



**VANCOUVER BOARD OF EDUCATION  
CONSENT FOR THE RELEASE OF PERSONAL INFORMATION**

I understand that a request for copies of my personal information within the custody and control of the Board of Education of School District No. 39 (Vancouver) ("VSB") has been made to the School District by: \_\_\_\_\_ ("Applicant").

I also understand that the request is seeking access to the following information: ("Records Request")

By signing below, I authorize the VSB to release and I consent to the disclosure of the Requested Records to the Applicant. I understand that once the Requested Records are released to the Applicant, the VSB will have no control over how they are used or disclosed by the Applicant and that it is my responsibility to make appropriate arrangements or agreements with the Applicant concerning the collection, use, disclosure and safekeeping of the Requested Records by the Applicant.

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Student Name	Signature	Date
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Witness Name	Signature	Date
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**Student:** Please attend to your school office to have this form witnessed by a school district staff member.

**School District Staff member:** Please scan and email a copy of this signed form to [foipop@vsb.bc.ca](mailto:foipop@vsb.bc.ca) and submit the original via blue bag to the Education Centre – Risk Management and Privacy Compliance.