



**CONSENT FOR DISCLOSURE OF INFORMATION TO THE ONTARIO
COLLEGE APPLICATION SERVICE (OCAS) AND/OR THE ONTARIO
UNIVERSITY APPLICATION CENTRE (OUAC)**

STUDENT NAME _____
(Please print first and last name)

I give my consent for (insert school name) _____ to share my personal information for the purpose of applying to a post secondary institution with the following agencies.

Ontario College Application Service (OCAS)
and/or the
Ontario University Application Centre (OUAC)

If this form is not returned at registration, your information will not be shared with the Ontario College Application Service (OCAS) and/or the Ontario University Application Centre (OUAC)

It is your responsibility to provide consent to your guidance counsellor in writing if you choose to apply for post secondary education.

Freedom of Information Release

My signature below indicates permission is granted to release my marks, credit history and relevant demographic information to:

Please check your choice(s).

- Ontario College Application Service (OCAS)
- Ontario University Application Centre (OUAC)

Any questions related to the release of this information should be directed to the principal.

Date

Student's Signature

Parent's Name (Please print)

Date

Parent's Signature

Office Use Only
Entered into Trillium Y N
Date Entered _____