

STUDENT RECORD REQUEST FORM

DATE OF REQUEST: _____

Records requested for the purpose(s) of: (check all applicable)

- ☐ Proof of English Instruction (to permit child to attend English schools in Quebec)
- ☐ Proof of School Attendance (for Child Tax Credit purposes, Citizenship, etc.)

For proof of Learning Disabilities:

- ☐ Psychological Assessments ☐ Speech and Language Assessments

Note: These records are retained until student's age of 36, after which time they are destroyed. IEPs are held for five years after the student last attends school then destroyed.

- ☐ Student Ontario Education Number (OEN) ☐ Student Number (SN)

Note: This information is provided electronically through email. Please ensure your current email address is provided.

- ☐ Other (provide details): _____

STUDENT INFORMATION (please print)

NAME (CURRENT)		NAME - WHILE IN SCHOOL (if different from current)		Date of Birth (month/day/year)
First Name:		First Name:		
Middle Name:		Middle Name:		Other Names Used
Last Name:		Last Name:		
Last Secondary School Attended	Last Adult Education Centre Attended	Did You Graduate?	Contact Phone Number (including area code)	
Last Year Secondary School Attended (approximate):	Last Year Adult Education Attended (approximate)	YES	Email Address	
		NO		

I certify that all information submitted on this form is accurate and that I am the person named on the Student Record. I understand that submitting false information with respect to my identity may result in legal action against me.

Signature: _____

DISTRIBUTION INFORMATION (please print)

PICK UP:	MAIL TO:
☐ By Student:	Person/Institution: _____
Signature (upon pickup): _____	Street Address: _____
Note: This section MUST be completed in order for a Third Party to pick up any records on behalf of a student.	City/Province/Postal Code: _____
☐ By Third Party authorized by Student	CONTACT US:
Student Signature: _____	THAMES VALLEY DISTRICT SCHOOL BOARD RECORD CENTRE
Third Party Full Name: _____	951 Leathorne St., London Ontario N5Z 3M7
Third Party Signature: _____ (to be signed & photo ID shown in TVDSB Records Office upon pickup)	Phone: (519) 452-2000 ext. 21078
	Email: records@tvdsb.ca

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the TVDSB Privacy Office, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1, Telephone: 519-452-2000, Email: privacy@tvdsb.ca

Forward Completed Student Record Request Form to: records@tvdsb.ca