

Ontario School Record (OSR) Request

To:

School:

Phone:

Email:

Please forward the Ontario Student Record for the following student(s):

<i>Legal Surname</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Date of Birth</i>	<i>Grade</i>
<i>Legal Surname</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Date of Birth</i>	<i>Grade</i>
<i>Legal Surname</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Date of Birth</i>	<i>Grade</i>

Who has enrolled at:

School

Address

As of (date) _____

I hereby agree to accept responsibility for the record and to use, maintain, transfer, and dispose of the record in accordance with the *Ontario Student Record (OSR): Guideline, 2000*.

Principal

Date