



**ACCESSIBILITY:**

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

It is your responsibility to provide this consent form to your guidance counsellor if you choose to apply for post-secondary education. **If this form is not returned at registration, your information will not be shared with the Ontario College Application Centre (OCAS) and/or the Ontario University Application Centre (OUAC).**

Student Name: \_\_\_\_\_  
(Please print first and last name)

I give my consent for \_\_\_\_\_ School to share my personal information for the purpose of applying to a post-secondary institution with the following agencies:

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

**FREEDOM OF INFORMATION RELEASE**

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

My signature below indicates that permission is granted to the Waterloo Catholic District School Board to release my marks, credit history and relevant demographic information to:

Please check your choice(s):

- Only** Ontario College Application Service (OCAS)
- Only** Ontario University Application Centre (OUAC)
- Both** OCAS and OUAC
- Not applying** for post-secondary education this year

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if student under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

**Office use only:**

Entered into Trillium:  Yes  No      Date Entered: \_\_\_\_\_

**To be Completed by:** Parent/Guardian OR Student Age 18 and Over – Submit to Guidance

**Description of Use:** Copy: Guidance Dept. (Retain: Current +1 Year)