



New Frontiers School Board Archives

Confidential Form

214, rue McLeod Chateaugay, Quebec, J6J 2H4

Tel: (450) 691 1440

Records Request Form

Please complete using block letters and return to the Archives Records Department: archives@nfsb.qc.ca

In completing this Records Request form, in accordance with the provisions of the Act respecting Access to documents held by public bodies and the Protection of personal information (CQLR, c. A-2.1), the New Frontiers School Board must obtain your consent for the collection and use of certain personal information contained in this form regarding you or your minor child. If the child is under 14 years of age, only the person having parental authority, or the legal guardian can consent. If the child is 14 years of age or older, the person having parental authority, the legal guardian, or the child themselves can consent. By completing and signing this form, you are consenting to the collection and use of personal information. This information will be used by employees of the New Frontiers School Board for whom such information is necessary for the discharge of their duties pursuant to section 62 of the Act respecting Access. Failure to provide consent may prevent you or your child from accessing school/centre/school board services. You may revoke your consent at any time. You have the right to access and correct this information once it will be in the possession of the New Frontiers School Board. It is important that you understand the scope of this request. Therefore, if you have any questions in relation to this consent request, you may contact: Archive Department archives@nfsb.qc.ca By signing this form, I give my clear, free and enlightened consent to the collection and use of the personal information described herein.

Name:

Surname

First name

Date of birth: ____/____/____

yyyy/mm/dd

NFSB school/year: _____

Permanent Code: _____

Name of Parent(s) or Guardian(s):

Surname

First name

Email address: _____

Telephone number: (____) _____ - _____



Document(s) requested:

- Report Card(s)
- Transcripts
- Proof of Eligibility
- Tens (Educational Equivalency Tests)
- Other: _____

Document(s) to be:

- Transfer to: _____
- Picked up at Archives: _____
- Emailed: _____
- Other: _____

I am aware of the fact that once the above-mentioned information is released to me the New Frontiers School Board can no longer take responsibility for its CONFIDENTIALITY.

I authorize release of: _____

Dated: _____

Signature: _____

Date: _____

***For Archives Use:**

- Box No.: _____
- Signature of Archivist: _____
- Other: _____
- Date: _____