

**SPECIAL EQUIPMENT AMOUNT (SEA) CLAIMS-BASED FUNDING  
CONSENT TO THE RELEASE OF PERSONAL STUDENT INFORMATION**

I (We) \_\_\_\_\_  
*(Print full name: First Name, Last Name)*

hereby consent to the disclosure of the following information, reports and/or consultations:

\_\_\_\_\_  
*(Please specify)*

compiled or prepared by \_\_\_\_\_  
*(Name of institution, agency and person)*

\_\_\_\_\_  
*(Address)*

with respect to \_\_\_\_\_  
*(Name of student)* \_\_\_\_\_  
*(Date of Birth - month/day/year)*

\_\_\_\_\_  
*(School)* \_\_\_\_\_  
*(Student OEN#)*

for the purpose of supporting a Special Equipment Amount (SEA) claim.

Signature: \_\_\_\_\_  
*(Parent/Guardian/Student aged 18 or over)*

Witness: \_\_\_\_\_  
*(Relationship to Student)*

Dated: \_\_\_\_\_  
*(month /day/year )*

**This form provides consent to the disclosure of information, reports, and/or consultations and consents to student information being viewed by Ministry of Education personnel, for auditing purposes.**

*This information is collected in accordance with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of determining eligibility of and /or supporting a Special Equipment Amount Claims-Based Funding application. Questions regarding this form should be directed to the Superintendent of Student Services.*