

If you have questions about this form, please contact:

Telephone: \_\_\_\_\_

To be completed by School/Educational Institution only, for students aged 16 or older.

Please print clearly and fill out all sections

Name of School/Institution: \_\_\_\_\_

Address of School/Institution: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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This is to confirm that: \_\_\_\_\_ (Name of student),  
is attending the above named educational institution as a full time student for the period:

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (e.g. Principal, Registrar)

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date



School Stamp/Seal

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### Consent

I authorize the above named Institution to release information to the Regional Municipality of York for the purpose of confirming my attendance.

Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_