



Dual Credit Consent Form

School College Work Initiative
(SCWI)



PARTICIPATION CONSENT FORM & AUTHORIZATION FOR RELEASE AND RETENTION OF STUDENT INFORMATION

St. Lawrence College abides by the Freedom of Information and Protection of Privacy policy (#CR301 [https://364599a3-cdn.agilitycms.cloud/Attachments/6-about/reports-policies/reports-and-policies/freedom-of-information-and-privacy-policy/SLC%20FIPP%20Policy\(1\).pdf](https://364599a3-cdn.agilitycms.cloud/Attachments/6-about/reports-policies/reports-and-policies/freedom-of-information-and-privacy-policy/SLC%20FIPP%20Policy(1).pdf)), which protects the privacy of individuals' personal information. This policy complies with the Freedom of Information (FOI) and Protection of Privacy Act (FIPPA). As per Section 42 (b), St. Lawrence College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as described below.

Please Print Clearly

Date: _____, _____

Name of Student

- 1) give my consent to St. Lawrence College to release the following information (e.g., application information, confirmation of registration, Dual Credit academic records, etc.) as requested, to my school, the College Dual Credit Coordinator and/or the Board Dual Credit Teacher as assigned by my school board.
- 2) give my consent that upon registration to the Dual Credit Program at St. Lawrence College, applicant information required to generate a student record and provide data for the purpose of program research/evaluation/monitoring purposes to SCWI, its contractors, auditors, and St. Lawrence College Administration) will be kept for an indefinite amount of time by the college in an electronic format. The information includes demographic and student participation information i.e. Ontario Education Number, Name, Address/Phone, Gender, Date of Birth, Indigenous Status, First Generation Status, Primary Target Group (PTG) Status, Returning to High School Status, Individual Education Plan Status (IEP), Special High Skills Major (SHSM) Participation, Ontario Youth Apprenticeship Program (OYAP) Participation, School within a College (SWAC) Participation, high school grade level and credit accumulation, program retention and success. I understand that my name or other information that may identify me will not appear in program research or evaluation reports. Only aggregate data (information that is compiled and summarized) may be reported.
- 3) am aware of SCWI's Dual Credit Policy and Program Requirements (Refer to <https://files.ontario.ca/edu-dual-credit-programs-policy-program-requirements-2020-en-2021-12-13.pdf>)
- 4) give my consent to having photographs taken that may be used in materials such as newsletters and promotion materials:
YES No
- 5) agree to complete a separate consent form should I require an Individualized Education Program IEP.

Student Name:

Student Signature:

Date: _____
(dd-mm-yy)

***Parent/Guardian Name:**

***Parent/Guardian Signature:**

Date: _____
(dd-mm-yy)

**If student is under 18 years of age)*

High School Contact Name:

High School Contact Signature:

Date: _____
(dd-mm-yy)

Note: Completed forms to be retained at the student's high school and an electronic copy sent to: dualcredit@sl.on.ca