



**Al-Rashid  
Islamic  
Institute**

**AUTHORIZATION  
OF  
OSR (ONTARIO STUDENT RECORD) TRANSFER**

I \_\_\_\_\_ Parent/Guardian  
Surname First Name Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

of \_\_\_\_\_ (Child's Name)  
Surname First Name Middle Name

\_\_\_\_\_  
Birth Day (Day/Month/Year)

consent to the transfer of my child's OSR to Al-Rashid Islamic Institute (Civic No. 18345  
County Rd. 2, R.R.1, Cornwall, Ontario, K6H 5R5)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date