

Student Information:				Stu	dent Sponsorship Agreement	
Last Name	First Name	First Name		Academic Year		
				20	23-2024	
Program of Study	E	nrolment Stat	us:	Olds Colle	ege Student ID Number	
	ı	Full Time				
This consent allows the specified person(s) to make inquiries, requests and /or payments on your behalf. The purpose of this section is to allow appropriate Olds College staff and faculty to answer questions about your financial records. This information will not be used for any other purpose. This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to Olds College, 4500 50 Street, Olds, AB T4H 1R6 Please be aware that as per the Freedom of Information and Protection of Privacy Act (FOIP), Olds College will not release any information regarding the student, including academic records unless Olds College is provided a signed Release of Information by the student.						
1.	autho	orize Olds Colle	ege to disclose	my financial in	formation to the below named	
Student Signature	Date					
Sponsor Information:			GST Exe	mption Numbe	r:	
Organization Name:	Email Address:					
-	City.	City: Province Postal Code				
Billing Address:	City:			Province	Postal Code	
Phone Number:						
Contact name:	PO/Auth/Reference #:					
Signature	Date					
	voiced for the following fees as indicated by	checking the I	poxes below. Co	osts can be fou	nd on the Tuition & Fees Schedule	
Instructional and		Fall	Winter	Spring	Summer Maximum	
Instructional Manda		т —				
	Tuition Mandatory Fees	╁┼	+ +	+ +	 	
	Health & Dental Plan	╅	1	1 7	 	
		<u>, —</u>				
Campus Residence						
	Housing Fees Meal Plan Fees	+	 	+ +	 	
	INICAL LIAIL L CC2		<u> </u>			
Campus Bookstore						
	Books					
	Supplies	1 📙			1 📙 1	