

CONSENT TO RELEASE STUDENT INFORMATION

Office of the Registrar/Student Services
Fax (403) 556-4711 www.oldscollege.ca



GENERAL INFORMATION

Please print form either **drop off, fax, or mail to:**
Student Services/Office of the Registrar
4500 – 50 ST, Olds, AB T4H 1R6

PERSONAL DATA (PLEASE PRINT CLEARLY)

Olds College Student Number

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Surname (legal)

Former Surname (if applicable)

First Name (legal)

Full Middle Name (legal)

Program

Major

Date of Enrolment

I HEREBY AUTHORIZE OLDS COLLEGE TO RELEASE INFORMATION ABOUT MY

- Olds College Financial Account
- Olds College Academic Record

Please **check and print name** of whom:

- Either Parent _____
- Mother (**only**) _____
- Father (**only**) _____
- Step-Father _____
- Step-Mother _____
- Spouse/Life Partner _____
- Sponsoring Agency _____

Student Signature

Date

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This consent allows the specified person or persons to make enquiries, requests, and or payments on your behalf.

The purpose of this form is to allow the **Student Services Department & the Cashier** to answer questions about your records. This information will not be used for any other purpose. If you have any concerns please call the FOIP Coordinator at 1-800-661-6537.

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 the FOIP Coordinator of Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.