

CONSENT TO RELEASE STUDENT INFORMATION

Office of the Registrar



COMPLETE FORM AND

Fax to: (403) 556-4711

Scan and **email** to: enrolmentservices@oldscollege.ca

or

Drop off at the Office of the Registrar in the Bell e-Learning Centre

PERSONAL DATA (PLEASE PRINT CLEARLY)

Olds College Student ID Number

--	--	--	--	--	--	--	--	--	--

Last Name (legal)

First Name (legal)

Middle Name(s) (legal)

Program

Major (if applicable)

Program Start Date

I HEREBY AUTHORIZE OLDS COLLEGE TO RELEASE INFORMATION ABOUT MY

- Olds College Application Status
- Olds College Financial Account
- Olds College Academic Record
- Olds College Behavior Records
- Official Tax Receipts

Please **check and print the name** of whom you authorize us to release information to:

- Either Parent _____
- Mother (**only**) _____
- Father (**only**) _____
- Spouse/Life Partner _____
- Sponsoring Agency _____
- Bronco's (Coach) _____
- International Agent _____
- Other _____

Student Signature

Date

This consent allows the specified person(s) to make inquiries, requests, and/or payments on your behalf.

It will remain in effect until you notify the Office of the Registrar, in writing, to cancel this consent.

The purpose of this form is to allow **appropriate** Olds College staff and faculty 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.

Updated September 2018