Consent to Release Information <u>and/or</u> Third Party Authorization to Act on my Behalf



Last Name / Surname (Legal)	First Name/ Given Name (Legal)	Student ID
Program / Course		Year attending:
I CONSENT for NorQuest College to <u>I</u>	RELEASE THE FOLLOWING INFORMAT	ION from my student record to the
Third Party or Organization below (s	elect all that apply):	
□ Admission Status, Including Of	ficial Offer of Acceptance letters.	
□ Registration Status		
☐ Education Progress		
☐ Financial Information relating	to payment of tuition and fees or fun	ding.
□ Educational Documentation (t	ranscripts, grade results or testing as	sessments)
□ Emails or Written Communicat	cions	
AND/OR		
	Organization below to ACT ON MY BE	<u>HALF</u> for the following transactions:
• •	of my application for admission.	
☐ Cancel my application for adm		
	election if I do not qualify for my first	program of choice.
□ Drop classes or withdraw from		
□ Add or swap classes on my ti		
□ Other (specify type of action):	:	
Third Party (a person you know) or (Organization:	
	Relationship to me	
Organization (if applicable)		
Email address		
This consent or authorization is only	valid until the end of the current aca	demic year: (20_/06/30)
I give my consent/authorization volu	untarily. I know that consent/authoriz	zation is valid until the date listed o
this form, regardless of whether I wit	hdraw from studies or re-apply to a d	ifferent program or term. I understan
that I can withdraw my consent at	any time by submitting a written req	uest to the Office of the Registrar a
info@norquest.ca		
Student Signature	Date (YYYY/MM/I	DD)
Freedom of Information and Protection of Privacy (F	OIP) Act Notification Statement The personal inform	ation requested on this form is collected under the

Freedom of Information and Protection of Privacy (FOIP) Act Notification Statement The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act and will be used to authorize the release of personal information as specifically requested by you, and for the purpose(s) you have identified above. For information about the collection and use of this information, contact the Office of the Registrar at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.