AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

NORQUEST COLLEGE

Office of the Registrar
10215 – 108 Street NW, Edmonton, Alberta, Canada T5J 1L6
T 780.644.6000 | Toll-free 1.866.534.7218 | info@norquest.ca | **www.norquest.ca**

INSTRUCTIONS

Submit this form if you wish to allow NorQuest College to release your personal information which is in the custody and control of NorQuest College, to the parties identified below.

FOR OFFICE USE ONLY	
DATE RECEIVED	**ENTERED BY**

PERSONAL DATA

LAST NAME / SURNAME (LEGAL)	FIRST NAME / GIVEN NAME (LEGAL)	STUDENT ID
PROGRAM/COURSE		YEAR

I give my permission / authorization for the disclosure of the following types of information. Select all that apply:

○ Admission status, including Official Offer of Acceptance letters

○ Enrolment status

○ Educational progress

○ Financial information relating to payment of tuition and fees or funding

○ Educational documentation (e.g. transcripts submitted, results of transcript / testing assessments, etc.)

○ Email / written communications (strictly pertaining to admission/enrolment to a program)

○ Other (specify type of information) _____

This information is to be given only to the following individual(s) or organization(s):

1	Name:	Relation to me:	Email address:
2	Name:	Relation to me:	Email address:

This consent is only valid until: ○ a specific date _____(YYYY/MM/DD), **or**

○ the date I cease being an active student at NorQuest College

I give my consent/permission for the disclosure of this information voluntarily. I know that consent is valid until the date listed on this form, regardless of whether I withdraw from studies or re-apply to a different program or term. I understand that I can withdraw my consent at any time by submitting a written request to the Office of the Registrar.

***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 purposed you have identified. 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.

STUDENT SIGNATURE	DATE (YYYY/MM/DD)

2020.02