



AUTHORIZATION OF RELEASE OF STUDENT INFORMATION

In compliance with the Freedom of Information and Protection of Privacy Act, Selkirk College cannot release student information to anyone outside of the College, without written authorization of the student. Completion of this form authorizes the release of information as specified by you. Please note, this form is optional. **Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.**

Legal First Name: _____ Legal Last Name: _____

SELKIRK COLLEGE STUDENT ID [][][][][][][] Program: _____

1 I, _____ give my consent to Selkirk College to release the information as requested, to:
NAME OF STUDENT

2 NAME OF PERSON OR AGENCY/ORGANIZATION: _____ RELATION TO STUDENT:
(PARENT, LEGAL GUARDIAN, SPOUSE, SPONSOR, OTHER)

PLEASE NOTE: IF ONLY THE NAME OF AN AGENCY/ORGANIZATION IS LISTED, IT ALLOWS SELKIRK COLLEGE TO CONNECT WITH ANY EMPLOYEE FROM THAT ESTABLISHMENT.

3 INFORMATION TO BE RELEASED. CHECK ALL THAT APPLY:

<input type="checkbox"/> Application / Admission Status	<input type="checkbox"/> Documented Medical Situation
<input type="checkbox"/> Program / Course Fees	<input type="checkbox"/> Doctor's Direction
<input type="checkbox"/> Program / Course Name & Dates	<input type="checkbox"/> Diploma / Certificate / Citation Achievement
<input type="checkbox"/> Final Grades / Transcripts	<input type="checkbox"/> Add / Drop Course
<input type="checkbox"/> T2202A Tax Form	<input type="checkbox"/> Other: _____

4 CHOOSE ONE:
I am aware that this authorization is valid for:

A period of time commencing today and terminating one year after my graduation.

Or from _____ to _____

Or after discontinuance of studies at Selkirk College.

5 I will inform the Registrar's Office should I decide to withdraw my consent at an earlier date.

6 By signing below, I am authorizing this form.

STUDENT SIGNATURE DATE SIGNED