

AUTHORIZATION OF RELEASE OF STUDENT INFORMATION

In compliance with the Freedom of Information and Protection of Privacy Act, Selkirk College requires the student's consent to release any information pertaining to the student record, or to conduct student-related business, with anyone other than the student owner of the record. Complete this form to authorize another individual to have access to your records and/or be able to conduct student-related business with the Registrar's Office and/or Finance Office below on your behalf. **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

NAME OF PERSON OR AGENCY/ORGANIZATION:	PHONE OR EMAIL	RELATION TO STUDENT: <small>(PARENT, LEGAL GUARDIAN, SPOUSE, SPONSOR, OTHER)</small>

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:

- ☐ All of the below (Please select this option for sponsorships)
- ☐ Application / Admission (Status, applications documents, outstanding items)
- ☐ Course Registration information (Confirmation of enrolment, course enrolment status, schedule, add/drop classes)
- ☐ Financial information (Account balance, tax forms, payment history, invoices, scholarships & bursaries)
- ☐ Academic Record (Official or unofficial transcripts, credentials, academic standing, probation)
- ☐ Other _____

*Note that any of the above items may include release of your name, address, student ID number and program.

4 CHOOSE ONE OF THE FOLLOWING OPTIONS - I authorize this release for the following time period:

- ☐ Starting today and ending one year after my last completed course from the program listed above.
- ☐ During the current academic year (expires on July 31, following the signing date).
- ☐ From _____ to _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

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

6 By signing below, I authorize the release of my information per the selections above.

STUDENT SIGNATURE	DATE SIGNED
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