



NLC-RO170

CONSENT TO THE RELEASE OF INFORMATION

I, _____, student ID # _____ grant my
(Print Student's Name)

consent to Northern Lakes College to release to: _____ at
(Name of Individual)

(Name of Agency)

(Address of Agency)

(Email) (Phone) (Fax)

the following information:

☐ Attendance

☐ Academic Status

☐ Transcripts

☐ Other

For the specified time period from: _____ to _____
(Limit for term of Student) (mm/dd/yy) (mm/dd/yy)

Student's Signature Date

Note: Northern Lakes College will verify your request via the contact information for the Requestor on file prior to releasing information to the Agency.

The personal information that you provide to Northern Lakes College is collected under the authority of the *Post-Secondary Learning Act* and the *Freedom of Information and Protection of Privacy (FOIP) Act* – Section 33(c). The information will be used and disclosed for purposes including but not limited to regulatory body requirements and sponsorship agreements. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and may be reviewed subject to the provisions of the Act. Questions regarding the collection, use, and disclosure of personal information can be directed to: Registrar, (780) 849-8735 or registrar@northernlakescollege.ca. Questions? Contact the FOIP Coordinator at (780) 751-3259, foipcoordinator@northernlakescollege.ca or 1201 Main Street SE Slave Lake, AB T0G 2A3.

Revised: July 29, 2021