



CONSENT TO THE RELEASE OF INFORMATION

I, _____, student I.D # _____ 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.

Your personal information is collected under the authority of the College's Act and section 33(C) of the Freedom of Information and Protection of Privacy Act (FOIP), and is protected under the provisions of FOIP. If you have any questions about the collection of this information you may contact the FOIP Coordinator, at (780) 849-8621, foipcoordinator@northernlakescollege.ca or 1201 Main Street SE Slave Lake, AB T0G 2A3.