

# AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION



**Office of the Registrar**

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FOR OFFICE USE ONLY		
STUDENT ID #	DATE RECEIVED	ENTERED BY

**PERSONAL DATA**

LAST NAME (LEGAL)		FIRST NAME (LEGAL)	
PROGRAM/COURSE		YEAR	

Please release my personal information to the individual(s) indicated below. This release will allow the indicated individual(s) access to my specified personal information while I am in attendance at NorQuest College or until the date indicated, whichever is first.

I give my permission/authorization for the disclosure of any/or all of the following information:

**Please check all that apply:**

- Financial information relating to payment of tuition and fees
- Admission/withdrawal status
- Other (please specify)
- Educational progress

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

1)	2)
3)	4)

This consent is only valid until: (YYYY/MM/DD)

I give my consent/permission for the disclosure of this information voluntarily. I am aware that I may revoke my consent at any time by doing so in writing.

**Freedom of Information & Protection of Privacy (FOIP) 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 Privacy Act* and will be used to authorize the release of personal information as specifically requested by you. 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
WITNESS SIGNATURE	DATE