

THIRD PARTY AUTHORIZATION



Office of the Registrar

10215 108 Street NW, Edmonton, Alberta, Canada T5J 1L6
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INSTRUCTIONS

- Submit this form if you wish to authorize a third party to act on your behalf in transactions with NorQuest College, as identified below.
- This form will only be accepted if you have also submitted the Authorization for Release of Personal Information form to allow information to be shared with the same individual or organization listed on this form.

FOR OFFICE USE ONLY	
DATE RECEIVED	ENTERED BY

PERSONAL DATA

LAST NAME / SURNAME (LEGAL)	FIRST NAME / GIVEN NAME (LEGAL)	STUDENT ID
PROGRAM/COURSE		YEAR

I authorize the following individual or organization to act on my behalf:

NAME	RELATION TO ME	EMAIL ADDRESS
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I give my permission / authorization for the individual / organization listed above to take the following actions on my behalf:

- Submit documents in support of my application for admission
- Cancel my application for admission
- Make an alternate program selection if I do not qualify for my first program of choice
- Drop classes or withdraw from my program of study
- Add or swap classes on my timetable
- Other (specify type of action)

This authorization is only valid until: a specific date _____ (YYYY/MM/DD), or
 one time only

I acknowledge that I have read and understand this document and authorize NorQuest College to allow transactions on my behalf by the above identified individual or organization. I understand that this permission is valid until the date I have indicated above, regardless of whether I withdraw from studies or re-apply to a different program or term.

Freedom of Information and 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 Protection of Privacy (FOIP) Act* and will be used for the purpose of authorizing the release of personal information and third party transactions for the purposes identified above. 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 (yyyy/mm/dd)
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