



CONSENT TO RELEASE/OBTAIN CONFIDENTIAL INFORMATION

This form is used to gain your consent to release and/or obtain your personal information listed on this form was collected under the authority of *the Colleges Act of Alberta*, which mandates the provision of programs and services by public colleges, as well as under the authority of sections 33(a) of the *Alberta Freedom of Information and Protection of Privacy Act* (FOIP). This personal information is protected by the provisions of FOIP Act.

I, _____ (Print Full Name) _____ (Student ID #)

I hereby give my written consent to have **KEYANO COLLEGE, release/obtain** the following information **to/from**
(Circle one) (Circle one)

FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT	CONTACT #

Please Check & Initial

INITIAL	(√)	
		Verbal/physical assault to staff or student
		Failure of residence inspection to maintain clean environment
		Status of my financial situation
		Damages to College property
		Probation or Eviction
		Self-harm to yourself
		Progress living with others

Student Signature

Date

Witness Signature

Date

THIS AUTHORIZATION IS VALID UNTIL WRITTEN REQUEST FOR REMOVAL IS RECEIVED
OR
TWO YEARS AFTER PROGRAM OR COURSE COMPLETEION DATE.