

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Instructions

Email completed form to: Registrar@keyano.ca

Submit this form if you wish to allow Keyano College to release your personal information which is in the custody and control of Keyano College, to the parties identified below.

LAST NAME (LEGAL)	FIRST NAME (LEGAL)		STUDENT ID #
*	*		*
PROGRAM NAME		YEAR	
*		*	

I give my permission/authorization for the disclosure of the following types of information. Select all that apply:

□ Admission status (Including Official Offer of Acceptance letters)

- Enrolment status
- Educational progress
- □ Financial information relating to payment of tuition and fees or funding
- Educational documentation (transcripts submitted, results of transcript/testing assessments, etc.)
- Email/written communications (strictly pertaining to admission/enrolment to a program)
- Other (specify type of information):

This information is to be given only to the following individual(s) or organization(s)

NAME	RELATION TO ME	EMAIL ADDRESS	PHONE NUMBER
NAME	RELATION TO ME	EMAIL ADDRESS	PHONE NUMBER
NAME	RELATION TO ME	EMAIL ADDRESS	PHONE NUMBER

This consent is only valid:

	A spec	cific d	ate:
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Duration of registration at Keyano College

□ One time only

I give my consent/permission for the disclosure of this information voluntarily. I know that consent is valid until the date listed on this form. I understand that I can withdraw my consent at any time by submitting a written request to the Office of the Registrar.

STUDENT SIGNATURE

Office of the Registrar Use Only				
RECEIVED BY	DATE	PROCESSED BY	DATE	

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.

Keyano College Office of the Registrar | 8115 Franklin Avenue, Fort McMurray AB T9H 2H7 Toll Free 1.800.251.1408 | Telephone 780.791.4801 | E-Mail registrar@keyano.ca www.keyano.ca/forms