



Consent to Release/Obtain Confidential Information

Revised February 2006

This form is used to gain your consent to release and/or obtain your personal information. The 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 the FOIP Act. If you have any questions about the collection/distribution or use of this information, please contact: FOIP Coordinator, Keyano College, 8115 Franklin Avenue, Fort McMurray, Alberta, T9H 2H7, (780) 791-8959.

I, _____
Print Full Name Student ID Number

I hereby give my written consent to have Keyano College
RELEASE / OBTAIN the following information **TO / FROM:**
(Circle one) (Circle one)

Please Check and Initial

Initial

- _____ All material for pick-up
- _____ Material pertaining to my academic achievement (transcripts, marks)
- _____ All Pertinent psychological information (testing, counseling)
- _____ The status of my financial situation with regards to tuition
- _____ Attendance record
- _____ Progress in courses / programs
- _____ Medical information
- _____ Other, please explain

STUDENT SIGNATURE	WITNESS SIGNATURE	DATE
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THIS AUTHORIZATION IS VALID UNTIL WRITTEN REQUEST FOR REMOVAL IS RECEIVED BY THE STUDENT SERVICES CENTRE OR TWO YEARS AFTER PROGRAM OR COURSE COMPLETION DATE.