

LOYALIST COLLEGE

ENROLMENT SERVICES OFFICE

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Loyalist College abides by the Confidentiality of Student Records policy, which protects the privacy of personal information held on student records. This policy is supported by the Freedom of Information and Protection of Privacy Act. In compliance with the Freedom of Information Act, Section 42 (b), Loyalist College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you.

PLEASE PRINT CLEARLY.

First Name	Last Name	Student ID
Program of Study	Year and Semester	Email Address

Check all information that you are granting permission for the Enrolment Services Office to release.

Student Record Information	Student Financial Information
<input type="checkbox"/> final grades for all courses attempted and/or completed	<input type="checkbox"/> tuition and fees outstanding
<input type="checkbox"/> current overall grade point average	<input type="checkbox"/> tuition and fees paid
<input type="checkbox"/> registration status (full-time, part-time, registered, withdrawn)	<input type="checkbox"/> tuition and fees due
<input type="checkbox"/> current academic status (good standing, probation, suspension, debarment)	
<input type="checkbox"/> current program of study	
<input type="checkbox"/> current level of study (year and semester)	
<input type="checkbox"/> attendance: <input type="checkbox"/> in all courses <input type="checkbox"/> in specific course(s) _____	
<input type="checkbox"/> submission of course work: <input type="checkbox"/> in all courses <input type="checkbox"/> in specific course(s) _____	

I am granting the Enrolment Services Office permission to release the information indicated above to the following individual(s)/organization(s):

Name of Individual/Organization: _____
Relationship(check one): <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> spouse <input type="checkbox"/> guardian <input type="checkbox"/> sponsoring agency <input type="checkbox"/> other _____
Name of Individual/Organization: _____
Relationship(check one): <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> spouse <input type="checkbox"/> guardian <input type="checkbox"/> sponsoring agency <input type="checkbox"/> other _____

I am aware that this authorization to release the above information to the individual(s)/organization(s) noted above is valid for the period of one academic year (September 1 to August 31). I will inform the Enrolment Services Office in writing should I decide to withdraw my consent prior to the end of the academic year.

Student's Signature _____ Date _____

If submitting this form by mail or fax, a copy of the student's ID including a signature must be included for verification purposes. This form will only be accepted electronically from the student's Loyalist College email account.

FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY

Under the Freedom of Information and Protection of Individual Privacy Act, you have the right to privacy of personal information held by government institutions such as Loyalist College. Signature on this document authorizes Loyalist College to release the personal information as described above.