

RELEASE OF INFORMATION FORM

I, _____ Student #: _____ (in accordance with the *Freedom of Information and Protection of Privacy Act*), hereby authorize St. Clair College to obtain, release and/or exchange information regarding my: (please check applicable items)

GRADES <input type="checkbox"/>	ENROLLMENT <input type="checkbox"/>
CURRENT STATUS <input type="checkbox"/>	PROOF OF PAYMENT <input type="checkbox"/>
OTHER _____	

The above information may be released ONLY to:

Start Date: _____ End Date: _____

Privacy of Record: A student has a right to the privacy of his/her academic, non-academic and disciplinary records and the right personally to examine such records, from time to time, including the right to challenge the accuracy or presence of any entry on his/her records and the right to be notified, in writing, in the event of adverse information being placed in his/her official files.

Release of Information: A student has a right to expect that personal information will not be released to anyone, without prior written consent of the individual concerned, and that any disclosure will comply with the appropriate provisions of the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (sections 41 and 42). Grades/Evaluations will not be posted by name and will not be given to others excluding the Registrar's office without the individual(s) written permission.

NOTE: Information will only be provided once the person(s), company or organization provides written notification and/or provides photo identification verifying identity.

Signature of Student

Date

Revocation of Permission for the Release of Information

I do hereby revoke permission for the release of information about my schooling at St. Clair College.

Signature of Student

Date

FOR OFFICE USE ONLY

Student photo identification verified by: _____

Service Indicator applied on: _____

Date: _____

In the interest of *THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT* as well as providing secure and accurate information, St. Clair College has adapted the following policy:

Student information will only be released by the Registrar's office with the following:

- Receipt of this form completed in full, signed, and dated
- Verification of signature must be shown or accompany this form at the time of submission

Signature verification may be a photocopy of Driver's License (both sides) or other government issued identification that bears the students signature.

PLEASE NOTE:

The above requirements must be met in order for the Registrar's office to consider the conditions of the "Release of information" valid.

Registrar's Office
St. Clair College of Applied Arts & Technology