

CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account. Note: Many departments have their own release of information forms; for example, Disability Services and Counselling. Please contact them directly for a release form.

Student Profile

Legal Last Name: _____ Legal First Name: _____

Student ID: _____

Add Release (only one person per release)

Name (First and Last): _____

Relationship to you:

- | | | |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Citizenship and Immigration Canada | <input type="checkbox"/> Employer | <input type="checkbox"/> Family |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Parent |
| <input type="checkbox"/> School District | <input type="checkbox"/> Sponsor | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Other: _____ | | |

Note: Select "All" and enter the effective dates to consent all of the items below to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

Information to release:

- | | |
|---|--|
| <input type="checkbox"/> All
<i>All information listed below</i> | <input type="checkbox"/> Status of application
<i>Application decision, outstanding items and deadlines</i> |
| <input type="checkbox"/> Name
<i>Current name(s)</i> | <input type="checkbox"/> Financial information
<i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i> |
| <input type="checkbox"/> Address
<i>Current address(s)</i> | <input type="checkbox"/> Transcript of academic record and confirmation of enrolment
<i>Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID</i> |
| <input type="checkbox"/> Phone
<i>Current phone number(s)</i> | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Email
<i>Current email address(es)</i> | _____ |

Effective Dates (maximum 2 years): From: _____ To: _____

You may rescind or amend this authorization in writing or in your myOkanagan account at any time.

Please note that giving consent to release information does not give anyone permission to register for you, it only means that we will release information to them.

Submit the completed form with an original signature to the Registrar.

Signature: _____ Date: _____

