



**Institutional Compliance**  
3000 College Dr. S Lethbridge  
Alberta T1K 1L6 Tel. 403.320.3361

**CONSENT FOR DISCLOSURE OF  
PERSONAL INFORMATION**  
Recruitment Representative and/or Agent

By completing, signing, and submitting this form, I authorize the identified departments to disclose applicable information about me when contacted by the Recruitment Representative and/or Agent listed below.

**Identified departments and/or applicable information to be disclosed:**

- Financial Services – billing, payment, and tax receipt information
- Registrar's office – admissions (placement and application status), and course registration information
- Testing Services – placement assessment information and student exam/assessment arrangements
- International Services – registration information

**Student Information (as it appears on your passport):**

Family name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number: \_\_\_\_\_  
YYYY MM DD

Student Email: \_\_\_\_\_

I understand I am not required to provide this consent and should I choose not to do so; that consent may be withdrawn at any time upon my written request to [records@lethbridgecollege.ca](mailto:records@lethbridgecollege.ca)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recruitment Representative and/or Agent Information:**

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Recruitment Representative and/or Agent Email: \_\_\_\_\_

**By signing this form, I am confirming the following:**

- I have consulted with the above-named student regarding the disclosure of their personal information to me for the purpose of assisting them and acting as their recruitment representative and/or agent.
- The student has the right to withdraw or modify the consent they have given at any time upon their written request.
- The form has been signed by the student.

Recruitment Representative and/or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This release will automatically expire two years from student signature date.**

**Submit completed form to International Admissions:**

[international.documents@lethbridgecollege.ca](mailto:international.documents@lethbridgecollege.ca)

fax: 1.888.819.8903

The personal information requested on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta), section 33(c) and is protected by Part 2 of that Act. Your information will be used to document, track and process your request to have the Recruitment Representative and/or Agent indicated on the form to be your authorized recruitment representative. This authorization may be disclosed within Lethbridge College or to external agencies as necessary to fulfill the purpose of collection, facilitate the delivery of college programs/services, to meet legislative requirements or for uses consistent with these purposes. Questions about the collection, use, disclosure or protection of the personal information being collected on this form to the college's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing [privacy@lethbridgecollege.ca](mailto:privacy@lethbridgecollege.ca), or writing to 3000 College Dr S, Lethbridge, Alberta, Canada T1K 1L6 c/o Manager of Institutional Compliance.

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