**Institutional Compliance**



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

**CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION**

*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 and/or track your authorization to disclose the personal information outlined in this form. 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, or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.*

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: | First Name: | | Middle Name: |
| Birth Date: (yyyy/mm/dd) | | Employee/Student ID: s | |
| Phone: | Email Address: | | |

By completing, signing and submitting this form, I authorize the identified department(s)/person(s) to disclose the applicable information about me when contacted by the individual(s) or organization(s) listed below.

I understand I am not required to provide this consent should I choose not to do so; and that consent may be withdrawn or revised/modified at any time upon my written request to either of the departments listed at the bottom of the form.

|  |  |
| --- | --- |
| Signature: | Date form submitted (yyyy/mm/dd): / / ­\_\_\_\_\_ |

Please read the following and enter ‘X’ for all that apply:

|  |  |  |
| --- | --- | --- |
|  | **Academic Advising** - applicant/student advising information | |
|  | **Financial Services –** billing, payment and tax receipt information | |
|  | **Registrar’s Office** – admissions (placement and application status) and course registration information | |
|  | **Registrar’s Office** – records, term grades/GPA, academic standing and graduation eligibility information | |
|  | **Testing Services** – placement assessment information and student exam/assessment arrangements | |
|  |  |
|  | **Academic Program** – Dean/Chair/Instructor-attendance and progress info. **Specify Program**: | |
|  | **Accessibility Services** – disability related information | |
|  | **Bookstore** – book/product purchases and refund information | |
|  | **Financial Aid** – loans and scholarship information | |
|  | **Student Services** - student non-academic conduct information | |

**I authorize the following individual(s) to request personal information, as identified above:**

|  |  |  |  |
| --- | --- | --- | --- |
| Individual(s): |  | | |
|  | **OR** | | |
| Organization: |  | Phone: |  |
| Organization Contact Person: |  |
| Mailing Address: |  | | |
| Email Address: |  | | |

**This release will automatically expire one year from student signature date.**

|  |  |  |
| --- | --- | --- |
| **Submit completed form to:** |  |  |
| **Registrar’s Office (fax: 1-888-819-9803)** | **or** | **Information/Privacy Office (fax: 1-800-572-0103)** |
| [**records@lethbridgecollege.ca**](mailto:records@lethbridgecollege.ca) |  | [**compliance@lethbridgecollege.ca**](mailto:compliance@lethbridgecollege.ca) |
| **3000 College Dr S, Lethbridge, AB T1K 1L6** |  | **3000 College Dr S, Lethbridge AB T1K 1L6** |

Updated: May 2020