



## Freedom of Information – Consent to Release Form

I hereby authorize Northern College to give out only the information designated below:

- |   | INITIALS       |
|---|----------------|
| 1. My local address and telephone number <i>(for emergency purposes only)</i> .<br>a. Specifically: _____   | _____          |
| 2. My permanent home address and telephone number <i>(for emergency purposes only)</i> .<br>a. Specifically: _____  | _____          |
| 3. My academic records to my immediate family.<br>a. Specifically: _____  | _____          |
| 4. My academic records to other post-secondary institutions.<br>a. Specifically: _____  | _____          |
| 5. My academic records and field placement report to prospective employers.<br>a. Specifically: _____   | _____          |
| 6. My academic records and placement test results to my sponsor.<br>a. Specifically: _____  | _____          |
| 7. My financial records/account balance and payment history to my immediate family.<br>a. Specifically: _____   | _____          |
| 8. My financial records/account balance and payment history to my sponsor.<br>a. Specifically: _____  | _____          |
| 9. I approve of my photograph and/or my testimonial being used for college promotional and/or publicity purposes.<br>a. Specifically: _____                                     | _____          |
| 10. I also authorize Northern College, the Ministry of Education and Training, and/or their agent(s) to contact future employers for survey purposes.<br>a. Specifically: _____ | _____          |
| 11. Others – specify:<br>a. _____<br>b. _____   | _____<br>_____ |

### FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

*The information on this form is collected under the legal authority of the Colleges' and Universities' Act R.S.O. 1980, C272, S5, R.R.O. 1980, reg. 640.*

*The information is used for administrative and statistical purposes of the College and/or the ministries and agencies of the government of Ontario and the government of Canada. For further information, please contact the Registrar's office.*

*I have read the above statement and hereby authorize the release of information contained herein to the aforementioned.*

\_\_\_\_\_  
Student name (print clearly)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**EXPIRY DATE:** This release is valid until revoked in writing or the following date as determined by me: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO STUDENT SERVICES.**