



Consent for Release of Personal Information

The Access to Information and Protection of Privacy Act (ATIPP Act 2015) restricts the release of personal information without the informed consent of the person to whom it relates. Students who wish to have specific personal information released to any third party must complete and sign this form. Completion of this form does not grant advocacy rights on behalf of the student.

Please complete a separate form for each request. Student Services has a different form you will need to sign if you wish to release personal information to funding agencies.

I, (print name) _____, Student # _____,
a student of the _____ program at College of the
North Atlantic _____ campus hereby authorize
the College to release the following information:

- Name
- Student Number
- Contact Information (*address, telephone number, e-mail address*)
- Financial Information (*records of payment, non-payment, fraudulent payment*)
- Grades
- Attendance
- Progress Reports
- Other _____

This personal information may be released to (*choose one*):

- Name: _____ Relationship: _____
- Any Prospective Employer
- Other (*please specify*) _____

For the purpose of (*optional*): _____

This consent will expire each year on August 31st. You may withdraw or amend your consent at any time by notifying the College in writing.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act (ATIPP Act 2015). The Registrar's Office is collecting your personal information to process your Consent to Release Personal Information. It will only be used for this purpose. Personal information will only be disclosed as required to do so by law. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPP Act please visit <http://www.cna.nl.ca/About/Your-Privacy.aspx>.

I have read and understand the privacy statement above and consent to the collection and use of this personal information.

Student Signature: _____

Date: _____

Signature of Witness: _____
(*Witness cannot be a family member*)

Date: _____