

Consent to Release

The **Freedom of Information and Protection of Privacy Act (FOIPOP)** and the **Personal Information Protection and Electronic Documents Act (PIPEDA)** *prohibit* the release of personal information without the informed consent of the person to whom it relates. On occasion, however, students may wish to have certain information released to parties either inside or outside NSCC. For example; you *may* want Faculty or an Academic Chair to provide a reference to a prospective employer; you *may* require staff with Student Services to discuss your progress with a sponsoring agency; you *may* want Faculty to present your profile to a company that has volunteered to accept students on work experience; you *may* want Faculty to be aware of a special needs and/or accommodation requirement; or you *may* want to involve parents or others in a discussion about your academic or financial standing. **You are under no obligation to agree to the release of information.** However, there may be a contractual obligation for some students to release information to sponsoring agencies.

Please indicate the *specific information* you approve NSCC to communicate by initialing appropriately below.

By signing, I hereby consent and authorize NSCC to communicate the information identified with my initials to the following persons or agencies:

	Name	Address	Phone #	Financial Balance	Grades	Attendance	Progress Reports	Disability	Health Conditions	Other (Please Specify)
Sponsoring Agencies										
Prospective Employers										
External Licensing Boards										
Faculty / Academic Chair										
Parent / Support Person										
Other: _____ (please specify)										

- Notes:
- 1) Where health condition could jeopardize my co-workers' personal safety.
 - 2) Where shaded, NSCC staff have regular access to this information through the normal course of their academic responsibilities.

This consent is effective for the current academic year only and will be shredded as of June 30th.

Student Name: _____ Student ID: _____

Campus: _____ Program: _____

Student Signature: _____ Date Signed: _____

Please retain a copy of this completed form in the confidential student file

Updated: January 18, 2012