

# RELEASE OF STUDENT INFORMATION AUTHORIZATION



In compliance with the Freedom of Information and Protection of Privacy Act, Coast Mountain College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you.

Contact Information			
NAME			
ADDRESS		CITY	PROVINCE
POSTAL CODE	STUDENT NUMBER	PROGRAM	
PHONE NUMBER		EMAIL	

Part A—Type of Release	
<p><b>This form authorizes Coast Mountain College to release the following information to the person/organization indicated below.</b></p> <p>Application &amp; Admission Information                      Tuition &amp; Fee Information</p> <p>Registration Information                                              Government/Private Loan Information</p> <p>Academic Record Information: progress, grades, academic standing, graduation etc.                      Awards Information</p> <p>Other: _____</p>	

Person/Organization Authorized to receive the above information for the duration of the release			
<p><b>Relationship to you:</b></p> <p>Relative                      Organization                      Sponsor                      Other: _____</p>			
NAME			
ADDRESS		CITY	
PROVINCE	COUNTRY	POSTAL CODE	
PHONE NUMBER	FAX NUMBER	EMAIL	

PART B—Duration of Release	
Start Date (MM/DD/YYYY): _____	End Date (MM/DD/YYYY): _____

Student Approval	
<p>I wish to <b>REVOKE</b> my authorization to release information to the designate mentioned above.</p>	
<p>By signing below, I hereby authorize Coast Mountain College to release my information indicated in <b>Part A</b> to the person/organization indicated for the specified period of time.</p>	
STUDENT SIGNATURE	DATE

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_