

## Consent to Release Student Information Office of the Registrar

The purpose of this form is to allow appropriate Olds College staff and faculty to answer questions about your records. This information will not be used for any other purpose. If you have any concerns, then please call the FOIP Coordinator at 1-800-661-6537.

**This consent allows the specified person(s) to make inquiries, requests, and/or payments on your behalf. It will remain in effect until you notify the Office of the Registrar, in writing, to cancel this consent.**

**Please return this completed form to the Office of the Registrar.**  
Building 16 E-Learning Centre | E-mail: [enrolmentservices@oldscollege.ca](mailto:enrolmentservices@oldscollege.ca)  
Phone: 1.800.661.6537 or 403.556.8281 | Fax: 403.556.4711

**Olds College Student ID Number**

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**Last Name (Legal)**

**First Name (Legal)**

**Middle Name (Legal)**

**Program**

**Major (if applicable)**

**Program Start Date**

**I HEREBY AUTHORISE OLDS COLLEGE TO RELEASE INFORMATION ABOUT MY**

- Olds College Application Status
- Olds College Financial Account
- Olds College Academic Record
- Olds College Behaviour Record

Please **check and clearly print** the name of whom you authorise us to release information to:

- Either Parent \_\_\_\_\_
- Mother (only) \_\_\_\_\_
- Father (only) \_\_\_\_\_
- Spouse/Partner \_\_\_\_\_
- Sponsoring Agency \_\_\_\_\_
- OC Broncos (Coach) \_\_\_\_\_
- International Agent \_\_\_\_\_
- Other \_\_\_\_\_

**Student Signature**

**Date**

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Coordinator of Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.