RELEASE OF INFORMATION

I, ________________________________ Student #: __________________________

In accordance with the Freedom of Information and Protection of Privacy Act, hereby authorize St. Clair College to obtain, release and or exchange information regarding my: (please check applicable items)

☐ GRADES ☐ ENROLLMENT
☐ CURRENT STATUS ☐ PROOF OF PAYMENT
☐ OTHER ______________________________________________________________

The above information may be released ONLY to:
____________________________________________________________________

Start Date: ___________________________ End Date: __________________________

Privacy of Record: A student has a right to the privacy of his/her academic, non-academic and disciplinary records and the right personally to examine such records, from time to time, including the right to challenge the accuracy or presence of any entry on his/her records and the right to be notified, in writing, in the event of adverse information being placed in his/her official files.

Release of Information: A student has a right to expect that personal information will not be released to anyone, without prior written consent of the individual concerned, and that any disclosure will comply with the appropriate provisions of the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (Sections 41 and 42). Grades/Evaluations will not be posted by name and will not be given to others excluding the Registrar’s office without the individual(s) written permission.

Note: Information will only be provided once the person(s), company or organization provides written notification and/or provides photo identification verifying identity.

________________________________________________ __________________________
Signature of Student       Date

REVOCAUTION OF PERMISSION FOR RELEASE OF INFORMATION

I do hereby revoke permission for the release of information about my schooling at St. Clair College.

________________________________________________ __________________________
Signature of Student       Date
In the interest of THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT as well as providing secure and accurate information, St. Clair College has adapted the following policy:

Student information will only be released by the Registrar’s Office with the following:

- Receipt of this form completed in full, signed and dated
- Verification of signature must be shown or accompany this form at the time of submission

Signature verification may be a photocopy of Driver’s License (both sides) or other government issued identification that bears the student's signature.