

If you would like a member of the Georgian College staff to communicate or release your personal information to someone outside of the organization please indicate your consent below. Please note that this release of information is **entirely optional and voluntary**.

First name:	Last name:
Student ID # (if applicable):	

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Georgian College is compliant with the Freedom of Information and Protection of Privacy Act, 1990 (FIPPA), and endeavours to protect your information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than to facilitate the release of information that you consent to.

Consent will be in place for one year from date below, but may be revoked in writing at any time. In no way does revoking this consent affect the delivery of services to you. In every instance where information is shared, your contact will require specific and detailed instructions on what information can be shared.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at 705.722.1511, or ROrecords@GeorgianCollege.ca; for more information about FIPPA, please contact the Access and Privacy office at 705.728.1968 ext., 5770, or AccessPrivacy@GeorgianCollege.ca.

Pursuant to FIPPA section 21(1)(a), I consent to the release and exchange of personal information by Office of the Registrar staff with the individual(s) named below:

Name(s)	Relationship to student or signatory	Nature of information to be released or exchanged
		I hereby authorize Georgian College to release information pertaining to the following (please check): <ul style="list-style-type: none"> <input type="checkbox"/> Application <input type="checkbox"/> Financial (tuition and fees only – not Financial Aid or OSAP related) <input type="checkbox"/> Registration <input type="checkbox"/> Courses/grades <input type="checkbox"/> Other (please specify): _____

Student signature: _____ Date (mm/dd/yyyy): _____

Signature of witness _____