



# Consent to Release Confidential Information

Portage College must follow all applicable Freedom of Information and Protection of Privacy (FOIP) rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful summons or other order of a court jurisdiction.

**This release will be valid for the academic year provided below.**

Student ID#	Last Name	First Name	Middle Name
Date of Birth (     /     /     ) day     month     year	Academic Year	Current Phone#	

I hereby give permission for the release of information.

Please release the following records (check all that apply):

- Student Account                      Enrollment Status                      Course Schedule
- Attendance                              Financial Information    Grades
- Academic Transcript                      Academic Standing    Confirmation of Enrollment

Other (please specify) \_\_\_\_\_

Release Information to (please print clearly):

Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

I hereby authorize Portage College to release confidential information about me contained in the College's records. I agree that Portage College and its employees will not be held liable for any unauthorized use of my student records obtained by the above named party.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT: In person; bring this completed form to a campus location, email: [info@portagecollege.ca](mailto:info@portagecollege.ca) or Fax: 780-623-5519.**