

# Authorization of Release of Student Information

In compliance with the Freedom of Information and Protection of Privacy Act, Selkirk College cannot release student information to anyone outside of the College, without written authorization of the student. Completion of this form authorizes the release of information as specified by you. *Please note, this form is optional.*

1. I, \_\_\_\_\_ give my consent to Selkirk College to release the  
Name of Student  
 information as requested, to:

**2. Name of Person or Agency/Organization**

**Relation to student:** *(Mother, Father, Legal Guardian, Spouse, Sponsor, Other)*


*Please note: If only the name of an Agency or Organization is listed, it allows Selkirk to connect with any employee from that agency/organization.*

2. The information to be released: (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Application/admission status  | <input type="checkbox"/> Documented medical situation             |
| <input type="checkbox"/> Program/course fees           | <input type="checkbox"/> Doctor's direction                       |
| <input type="checkbox"/> Program/course name and dates | <input type="checkbox"/> Diploma/Certificate/Citation achievement |
| <input type="checkbox"/> Final grades/transcripts      | <input type="checkbox"/> Add/Drop Course                          |
| <input type="checkbox"/> T2202A Tax Form               | <input type="checkbox"/> Other, specify _____                     |

3. **Choose one:**

I am aware that this authorization is valid for:

- A period of time commencing today and terminating one year after my graduation.
- Or from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.
- Or after discontinuance of studies at the College.
  
- I will inform the Registrar's Office in writing should I decide to withdraw my consent at an earlier date.

4. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_ **Program:** \_\_\_\_\_

Return by mail or drop off at your closest campus.

**Selkirk College  
 Castlegar Campus**  
 Office of the Registrar  
 301 Frank Beinder Way  
 Castlegar BC V1N 4L3

**Selkirk College  
 Nelson Campus**  
 Office of the Registrar  
 2001 Silver King Road  
 Nelson BC V1L 1C8

**Selkirk College  
 Trail Campus**  
 Office of the Registrar  
 900 Helena Street  
 Trail BC V1R 4S6