

AUTHORIZATION FOR RELEASE OF INFORMATION

Please Print

I hereby give my consent for the University College of the North (UCN) to disclose personal information pertinent to my admission application and studies to my sponsor and/or parent/guardian and/or other as recorded below.

Student ID Number: _____ Date of Birth: _____

Surname: _____ Given: _____ Middle: _____

▪ Sponsor/Employer Organization: _____ Sponsor ID No. _____
(Record Name in full: No Abbreviations)

Primary Contact Name: _____ Position: _____

The Primary Contact, Student Support Workers, Guidance/Post-Secondary Counselors, Finance Department from the Sponsor/Employer Organization will have the same authorization to obtain the academic and financial information noted below.

Authorization for release of information to the following is only applicable if requested by the student.

- Parent/Guardian (Name): _____
- Other (Name): _____

NOTE: this information release is good for the Academic year in which it was submitted and will expire July 31st, prior to the Fall term of the next Academic year.

- **Academic Information:**

Information released includes, but is not limited to attendance records (if available), admission application status, current enrolment status (full/part-time), academic performance, course and schedule information, unofficial transcript.

- **Housing Information:**

Includes UCN Family Housing; Apartments, and Carroll Hall.

Information released includes, but is not limited to defaulted payments, damage deposit refunds, evictions.

- **Financial Information:**

Information released includes, but is not limited to amount owing, payments applied to account, financial statements, status of account.

Information NOT to be disclosed (please specify): _____

By signing this form, I am explicitly granting access to elements of my personal/academic information to the persons and organizations designated on this document. This form will be valid for the Academic year in which it was submitted and will expire July 31st, prior to the Fall term of the next Academic year. However, I have the right to withdraw my consent at any time by giving notice in writing to the Enrolment Services Office. It is my responsibility to become familiar with UCN's policies and read the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA) which both apply to UCN.

Student Signature: _____ Date: _____

RETURN TO: admissions@ucn.ca

The Pas Campus Fax: 204-627-8514

Thompson Campus Fax: 204-677-6416