



Office of the Registrar

Email : studentrecords@alexandercollege.ca

Tel : (604) 435-5815

Fax : (604) 435-5895

CONSENT TO RELEASE STUDENT INFORMATION

Student Information

Student's First Name	Student's Last Name (family name)	Student ID Number

Policy and Procedure



Due to Canadian privacy laws, Alexander College is unable to release student personal or academic information to anyone other than the enrolled student without a signed consent form completed by the student. Consent by any other format (e.g., email, telephone, photo, written note, etc.) is not accepted.

Please provide details for any person(s), organization, or interested party to whom Alexander College is permitted to release your personal information, including grades.

Select one or both of the following:

Authorized Individual

<input type="checkbox"/>	First Name	Last Name (family name)	Telephone Number	Email Address

Authorized Agency or Organization(s)

<input type="checkbox"/>	Name of Organization	Telephone Number	Email Address

Authorization

- By completing this form, you permit Alexander College to disclose your personal and academic information to the above specified person or organization.
- Consent may be revoked by the student at any time by submitting a written request to the Office of the Registrar.

Student Signature

Date (DD - MMM - YYYY)