



Consent for Release of Personal Information (Funding Agencies)

The Access to Information and Protection of Privacy Act (ATIPP Act 2015) restricts the release of personal information without the informed consent of the person to whom it relates. Students who wish to have specific personal information released to a funding agency must complete and sign this form.

I, (print name) _____, Student # _____,
a student of the _____ program at College of the
North Atlantic _____ campus hereby authorize
the College to release the following information:

- Name**
- Student Number**
- Contact Information** (address, telephone number, e-mail address)
- Financial Information** (records of payment, non-payment, fraudulent payment)
- Academic Information** (course schedules, grades, attendance records, copies of academic warnings)

This personal information may be released to (*check all that apply*):

- Workplace NL**
- Department of Advanced Education, Skills and Labour**
- Aboriginal Funding Agency** (please specify) _____
- Other Funding Agency** (please specify) _____

This consent will expire each year on August 31st. You may withdraw or amend your consent at any time by notifying the College in writing. Your sponsor will be notified that you have withdrawn or amended your consent when you have done so. Please consult with your sponsor about the effects of refusal or withdrawing consent. College of the North Atlantic cannot and will not advise you about these effects. The College takes no responsibility for the sponsor’s actions, whether refusal to pay or limitation of benefits or withdrawal of funding, as a result of your refusal to sign this consent form or later withdrawal or amendment of your consent.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act (ATIPP Act 2015). The Registrar’s Office is collecting your personal information to process your Consent to Release Personal Information. It will only be used for this purpose. Personal information will only be disclosed as required to do so by law. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College’s Registrar at 709-643-0827. For more information about the ATIPP Act please visit <http://www.cna.nl.ca/About/Your-Privacy.aspx>.

I have read and understand the privacy statement above and consent to the collection and use of this personal information.

Student Signature: _____

Date: _____

Signature of Witness: _____

Date: _____

(Witness cannot be a family member)