



Consent for Release of Personal Information

Please refer to the Calendar under "Admissions Regulations" for more information on the College's obligations to protect your personal information.

STUDENTS RECEIVING TUITION FUNDING FROM THE PROVINCIAL DEPARTMENT OF ADVANCED EDUCATION AND SKILLS, WORKPLACE HEALTH, SAFETY AND COMPENSATION COMMISSION, ABORIGINAL GROUPS OR OTHER FUNDING AGENCIES (EXCEPT STUDENT LOANS), PLEASE COMPLETE SECTION A.

STUDENTS WHO WISH TO GIVE PERMISSION TO THE COLLEGE TO SHARE PERSONAL INFORMATION WITH INDIVIDUALS OR ORGANIZATIONS OUTSIDE THE COLLEGE, PLEASE COMPLETE SECTION B.

SECTION A: FOR STUDENTS RECEIVING FUNDING

As a condition of receiving funding you are required to give your consent to the exchange of personal information with your sponsor. The College will only release information to your sponsor and **not** to any other individual or organization. If you wish to give permission to the College to release information to individuals or organizations other than your sponsor, please complete Section B of this form as well.

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 Your sponsor will be notified that you have withdrawn or amended your consent when you have done so.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. The 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.

I, (print name) _____, Student # _____,
a student of the _____ program (the "Program") at
College of the North Atlantic _____ campus
hereby authorize the Registrar (or designate) and the Student Services Department, to release the following information: **name, student number, contact information** (including permanent and interim mailing address, telephone number, e-mail address), **financial information** (including records of payment, non-payment and fraudulent payment) and **academic information** (including but not limited to course schedules, grades, attendance records, copies of academic warnings).

This personal information may be released to (check whichever is appropriate):

- Workplace Health, Safety & Compensation Commission** and its agents, employees, affiliates and subcontractors,
- Department of Advanced Education and Skills** and its agents, employees, affiliates and subcontractors
- Other** (please specify) _____

For:

1. The purpose of receiving assistance, benefits and sponsorship so as to attend the College of the North Atlantic, and
2. Use by the receiving party for statistical and research purposes.

PLEASE TURN TO SECTION C, SIGN AND DATE THIS FORM.

SECTION B: IF YOU WISH THE COLLEGE TO SHARE PERSONAL INFORMATION WITH OTHER INDIVIDUALS OR ORGANIZATIONS UNDER CERTAIN CONDITIONS, PLEASE COMPLETE THIS SECTION.

I, (print name) _____, Student # _____, a student of the _____ program (the "Program") at College of the North Atlantic _____ campus hereby authorize the Registrar (or designate) and the Student Services Department, to release the following information (please check appropriate box):

- Name**
- Student number**
- Contact information** (including permanent and interim mailing address, telephone number, e-mail address)
- Financial information** (including records of payment, non-payment and fraudulent payment), and
- Academic information** (including course schedules, grades, attendance records, copies of academic warnings).

This personal information may be released to (check whichever is appropriate):

- Spouse or Partner** (please name) _____
- Family members** (e.g. parents, guardians, etc. Please specify by name and relationship): _____
- Potential employers** (calling to confirm attendance, check references, etc.)
- Employer sponsors**
- Other** (please specify) _____

For the purpose of: (please check all which apply):

- General** (for example, to pay tuition fees, check on records of payment, inquire about grades, etc.)
- Employment-Related Inquiries** (including reference checks, confirmation of program, etc.)
- Other** (please specify) _____

PLEASE SIGN AND DATE SECTION C BELOW

SECTION C: Expiry Date: This consent will expire automatically five years after the date of withdrawal, dismissal or graduation from the College of the North Atlantic. **You may withdraw or amend your consent at any time by notifying the College in writing. Please refer to the Calendar for further information on withdrawing or amending your consent.**

I understand that, notwithstanding the consent or refusal contained on this form, under the provisions of the *Access to Information and Protection of Privacy Act, 2015*, the College of the North Atlantic may be obligated to release personal information in order to comply with (1) provincial or federal legislation; (2) a court order or warrant issued by a court from any jurisdiction; or (3) a contract signed between myself and another party which gives the other party access to my personal information and that it will do so without any further notice to me.

I hereby state that I have read and understood the contents of this Consent for Release of Personal Information.

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, 2015 (ATIPPA). Student Services 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 ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

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: _____