

Third Party Authorization Release of Personal Information

The University of Calgary will not disclose your confidential personal information without your explicit consent. To protect your privacy, this form will only be accepted in advance of an information request from the student directly using one of the following submission methods:

Current students can submit the form μ v DEÇ^ CE ÀZ] < μ • š] v Ç } μ CE • š μ v š v š CE .

Email	Phone Number	Date of Birth
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I authorize the University of Calgary to release information as specified in the section C to the person/organization listed below about my University of Calgary student record.

B. THIRD PARTY

Name	Organization (if applicable)
Address	
Phone Number	Email Address

Note: The third party you have elected will be required to provide government issued photo ID from p % % }] v š u v š •.

C. RELEASE OF PERSONAL INFORMATION

Information to be released: <input type="checkbox"/> Admissions <input type="checkbox"/> Course Registration <input type="checkbox"/> Fees & Financials																
Period of release* (Select one): <small>*Authorization for new applicants will automatically expire on August 31 (š Z] % % o] Ç š] CE X Á μ š Z } CE] u š } š v • μ u] š š • ^ CE ÀZ] < μ • š š } AE š v • % • š Z] • š X</small>																
<input type="checkbox"/> One time only <input type="checkbox"/> Period Effective: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> End Date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y									
d	d	m	m	y	y	y	y									

I acknowledge that I have read and understood this document and authorize the University of Calgary to release information and/or enable transactions to the above persons/organizations. I understand that the authorization will be retained and disposed of in accordance with University record retention policies. I understand that I may request to withdraw authorization at any time by issuing a signed letter to the Office of the Registrar.

Student's Signature	Date
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This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, please contact the Office of the Registrar.