

Consent to Release Information and/or Third Party Authorization to Act on my Behalf

Last Name / Surname (Legal)	First Name/ Given Name (Legal)	Student ID
Program / Course		Year attending:

I **CONSENT** for NorQuest College to **RELEASE THE FOLLOWING INFORMATION** from my student record to the **Third Party or Organization** below (select all that apply):

- Admission Status, Including Official Offer of Acceptance letters.
- Registration Status
- Education Progress
- Financial Information relating to payment of tuition and fees or funding.
- Educational Documentation (transcripts, grade results or testing assessments)
- Emails or Written Communications

AND/OR

I **AUTHORIZE** for the **Third Party or Organization** below to **ACT ON MY BEHALF** for the following transactions:

- Submit documents in support of my application for admission.
- Cancel my application for admission.
- Make an alternate program selection if I do not qualify for my first program of choice.
- Drop classes or withdraw from my program of study.
- Add or swap classes on my timetable.
- Other (specify type of action): _____

Third Party (a person you know) or Organization:

Name _____ Relationship to me _____

Organization (if applicable) _____

Email address _____

This consent or authorization is only valid until the end of the current academic year: (20__/06/30)

I give my consent/authorization voluntarily. I know that consent/authorization is valid until the date listed on this form, regardless of whether I withdraw from studies or re-apply to a different program or term. I understand that I can withdraw my consent at any time by submitting a written request to the Office of the Registrar at info@norquest.ca

Student Signature _____ **Date (YYYY/MM/DD)** _____