

Freedom of Information - Consent to Release Form

I hereby authorize Northern College to give out <u>only</u> the information designated below:

		INITIALS
1.	My local address and telephone number <i>(for emergency purposes only)</i> . a. Specifically:	
2.	My permanent home address and telephone number (for emergency purposes only). a. Specifically:	
3.	My academic records to my immediate family. a. Specifically:	
4.	My academic records to other post-secondary institutions. a. Specifically:	
5.	My academic records and field placement report to prospective employers. a. Specifically:	
6.	My academic records and placement test results to my sponsor. a. Specifically:	
7.	My financial records/account balance and payment history to my immediate family. a. Specifically:	
8.	a. Specifically:	
9.	I approve of my photograph and/or my testimonial being used for college promotional and/or publicity purposes. a. Specifically:	
10.	I also authorize Northern College, the Ministry of Education and Training, and/or their agent(s) to contact future employers for survey purposes. a. Specifically:	
11.	Others – specify:	
FRF	b EDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT	
The	information on this form is collected under the legal authority of the Colleges' and Universitie O. 1980, C272, S5, R.R.O. 1980, reg. 640.	s' Act
age	r information is used for administrative and statistical purposes of the College and/or the minis encies of the government of Ontario and the government of Canada. For further information, p Registrar's office.	
	ive read the above statement and hereby authorize the release of information contained herei rementioned.	n to the
Stud	dent name (print clearly) Student signature Date	
EXF	PIRY DATE: This release is valid until revoked in writing or the following date as determined by	y me:

PLEASE RETURN THIS FORM TO STUDENT SERVICES.