

# CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and Post-Secondary policy, any student who wishes LSIB Education Department to release their information to a third party must complete and sign this form.

## Student Profile

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Post-Secondary Institution: \_\_\_\_\_

## Add Release

Name (First and Last): \_\_\_\_\_

### Relationship to you:

- |   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Citizenship and Immigration Canada | <input type="checkbox"/> Employer | <input type="checkbox"/> Family |
| <input type="checkbox"/> Friend                             | <input type="checkbox"/> Lawyer   | <input type="checkbox"/> Parent |
| <input type="checkbox"/> School District                    | <input type="checkbox"/> Sponsor  | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Other: _____                       |                                   |                                 |

*Note: Select "All" and enter the effective dates to consent all of the items below to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.*

### Information to release:

- |   |  |
|---|--|
| <input type="checkbox"/> All<br><i>All information listed below</i> | <input type="checkbox"/> Status of application<br><i>Application decision, outstanding items and deadlines</i>   |
| <input type="checkbox"/> Name<br><i>Current name(s)</i>             | <input type="checkbox"/> Financial information<br><i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i>   |
| <input type="checkbox"/> Address<br><i>Current address(s)</i>       | <input type="checkbox"/> Transcript of academic record and confirmation of enrolment<br><i>Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID</i> |
| <input type="checkbox"/> Phone<br><i>Current phone number(s)</i>    | <input type="checkbox"/> Other:<br>_____   |
| <input type="checkbox"/> Email<br><i>Current email address(es)</i>  | _____  |

Effective Dates (maximum 2 years): From: \_\_\_\_\_ To: \_\_\_\_\_

You may rescind or amend this authorization in writing at any time.

*Please note that giving consent to release information does not give anyone permission to register for you, it only means that we will release information to them.*

Submit the completed form with an original signature to the LSIB Education Department at [edcentre@lsib.net](mailto:edcentre@lsib.net).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

