

Consent to release information

Office of the Registrar

Telephone: 705-474-7600 ext. 5123

Email: admissions@canadorecollege.ca_____
Last Name_____
First Name_____
Student ID Number(_____)_____
Preferred Telephone Number_____
Canadore Email Address_____
Alternate Email Address_____
Street Address_____
Apartment/Unit Number_____
City/Town_____
Province_____
Postal Code_____
Program

I hereby give permission for the release of information concerning my (list specifics and any restrictions):

Consent to the Given To:_____
Full Name_____
Email Address_____

Telephone Number_____
Relationship to Student

Personal information contained on this form is collected under the *Freedom of Information and Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03 and will be used to answer your request. Questions about this collection should be directed to the Freedom of Information and Privacy Officer c/o Office of the Registrar, Canadore College, 100 College Dr., North Bay, ON, P1B 8K9. Email: privacy.officer@canadorecollege.ca Telephone: (705) 474-7600 ext. 5845.

I have read the above statement and hereby authorize the release of information as specified to the above mentioned. Consent granted will remain in effect for the duration of the academic year or sooner as requested. Consent may be revoked in writing at any time.

Signature_____
Date