

THIRD-PARTY CONSENT FORM TO RELEASE STUDENT PERSONAL INFORMATION

SECTION 1: TO BE COMPLETED BY THE STUDENT

Instructions

Algoma University has information on file that is available only to you, as a student. This information can only be released with your written permission. As a sponsored student funded for your studies by a third-party agency, you may need to provide your sponsoring agency with access to information from your student record, admissions file, registration, financial account, scholarships or other official documents such as but not limited to transcripts, proof of studies, attendance records and/or other official forms or documents. Sponsoring agencies need access to information about you for the purposes of verifying your eligibility for sponsorship.

By signing this form, you authorize Algoma University to release personal information records about you to your sponsoring agency. You also acknowledge that you understand:

- the purpose for disclosing this personal information to your sponsoring agency;
- your consent is only valid for the academic term(s) listed within the form, starting from the date this form is processed; and that a new form will need to be completed again for additional academic term(s);
- you have the right to refuse to sign this form and in so doing your sponsorship may be impacted;
- you can either amend or revoke your consent for the person(s) and/or agency(ies) named in the form at anytime by contacting regoffice@algomau.ca;
- you can contact Algoma University's Privacy Office at privacy@algomau.ca if you have any questions about the collection, use and disclosure of your personal information.

For processing, please sign and send the completed form to regoffice@algomau.ca.

STUDENT INFORMATION

Name: _____ Surname: _____ Student No. _____
DOB (Y,M,D): _____ E-Mail Address: _____
Program of Studies: _____ Level (undergraduate, graduate): _____ Faculty: _____

AUTHORIZED PERSONS

Please indicate the name of the person(s) and organization to whom your information can be released.

Name: _____ Title: _____
Sponsoring Agency Name: _____ Contact Info: _____

Authorized Actions

Indicate the type of personal information records you are consenting to release. Check all that apply.

Information from my Academic Record such as Transcript, courses taken, grade reports, degree awarded, academic standing information, appeals documentation, etc.

Information on my Registration and Enrollment Status such as course load, graduation dates, program of study, etc.

Information on my Attendance Record (if recorded)

Information related to my Admission File such as application forms, personal statements, letters of recommendation, etc.

Information related to my Financial Account such as tuition fees, financial aid, billing statements, payment history, etc.

Other (Please Specify): _____

How would you like to receive copies of the requested records:

Printed and Mailed Copy (mailing fees may apply)

Electronic copy via email (files will be encrypted and password protected)

Notice of Collection of Personal Information

Under the authority of the Algoma University Act, 2008 and in accordance with the Freedom of Information and Protection of Privacy Act of Ontario and Algoma University Freedom of Information and Protection of Privacy Policy, your personal information is collected, used, disclosed and protected at all times. Your personal information provided on this form will be used by Algoma University to administer the release of records in accordance with the consent you have signed. If you have questions about the collection, use and disclosure of your personal information in this notice, please contact the Privacy Office at privacy@algomau.ca

COMMENTS AND RESTRICTIONS

Enter any additional comments or restrictions here. A restriction can be for example restricting access to personal contact details, housing information, participation in extracurricular activities etc.

DURATION OF THE AUTHORIZATION

START:

END:

Student Signature:

Date:

SECTION 2: TO BE COMPLETED BY ALGOMA UNIVERSITY

Request Received By:

Request Processed By:

Date:

Filed into Student's Record on:

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