



Medicine Hat College operates within Alberta's Freedom of Information and Protection of Privacy Act (FOIP.) This act, which applies to all Alberta post-secondary institutions, states that personal information may only be collected and disclosed for purposes consistent with those of the organization, and that individuals be aware of what information is being collected and how the information will be used and disclosed.

The purpose of this form is to gain your permission for the disclosure of information gathered during your studies at Medicine Hat College. This information may be shared in person, by telephone, fax, mail and/or email to:

Contact Name:
Organization:

Email:
Phone Number:

Information:

Personal information such as name, address, date of birth, email addresses and education history. Program information such as program name, start date, duration, letters of correspondence and acceptance, official transcripts, Student ID#, application status, grades and academic progress. Account information such as account balances or account summary (including amount paid and owing) and payment receipts.

Purpose of Disclosure:

Providing permission to release the above stated information to the third party (e.g Parents, Sibling, Spouse, Guardian, Advisor of Home institution, Education Agents, etc) indicated to assist me preceding, during, and after my application and/or acceptance to Medicine Hat College.

I hereby provide permission to disclose the information noted above for the stated purpose.

I hereby withhold permission to disclose information.

I understand that signing this release form is voluntary and is limited to what is indicated above. The consent may be revoked at any time in writing and expires one year from date of signing.

Student Name:

Signature:

Date:

Program: _____