



GENERAL RELEASE OF PERSONAL DATA

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 purpose 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: _____

Email: _____

Organization: _____

Phone Number: _____

INFORMATION

Personal information: name, address, date of birth, email addresses and education history. Program information: program name, start date, duration, letters of correspondence and acceptance, official transcripts, Student ID number, 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, Siblings, 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 do provide permission to disclose the information noted above for the stated purpose.

I do not provide permission to disclose information.

ADDITIONAL DECLARATION FOR STUDENTS APPLYING TO HUMANITIES & SOCIAL DIPLOMA

This program is my program of interest. The courses in this program do not transfer to other programs at Medicine Hat College. I will not be able to apply to a new program prior to the next available intake.

Emails from the college are important and I will read them and ask questions if required.

There is a required practicum component that must be completed and it is 6 credits.

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: _____

Date: _____

Signature: _____

Program: Humanities & Social Diploma