

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

FOR OFFICE USE ONLY	
DATE RECEIVED	ENTERED BY

INSTRUCTIONS

Submit this form if you wish to allow MTG Healthcare Academy to release your personal information which is in the custody and control of MTG Healthcare Academy, to the parties identified below.

PERSONAL DATA

LAST NAME / SURNAME (LEGAL)	FIRST NAME / GIVEN NAME (LEGAL)	STUDENT ID
PROGRAM/COURSE		YEAR

I give my permission / authorization for the disclosure of the following types of information. Select all that apply:

- Admission status, including Official Offer of Acceptance letters
- Enrollment status
- Educational progress
- Financial information relating to payment
- Educational documentation (e.g. transcripts submitted, results of transcript / testing assessment, etc.)
- Email / written communications (strictly pertaining to admission/enrollment to a program)
- Other (specify type of information)

This information is to be given only to the following individual(s) or organization(s):

1	Name:	Relation to me:	Email address:
2	Name:	Relation to me:	Email address:

This consent is only valid until

a specific date

(YYYY/MM/DD) or

the date I cease being an active student at MTG Healthcare Academy

I give my consent/permission for the disclosure of this information voluntarily. I know that consent is valid until the date listed on this form, regardless of whether I withdraw from studies or re-apply to a different program or term. I understand that I can withdraw my consent at any time by submitting a written request to the Office of the Registrar.

Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the *Post-secondary Learning Act* and section 33 (c) of Alberta's Freedom of Information and Privacy Act and will be used to authorize the release of personal information as specifically requested by you, and for the purpose you have identified. For information about the collection and use of this information, contact the Policies and Regulatory Compliance Office at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel 780.644.6000

STUDENT NAME	DATE
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Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus


403 264 2049 | 403 986 0684
Fax: 403 986 4815

4811 48 Street
Red Deer, Alberta | T4N 1S6

+ Edmonton Campus


780 863 8236
Fax: 780 434 8328

6920 Roper Road NW
Edmonton, Alberta | T6E 0A8

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 MTG Healthcare Academy

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