



Fanshawe College - Office of the Registrar
RELEASE OF INFORMATION FORM
(Please print. You must complete a separate form for each designate.)

I, _____, _____ authorize the release of my student record
(name) (student #)

(as indicated below) to the following person: _____.

I understand that my designate will be asked to provide photo identification when requesting my information in person. If my designate is requesting information by phone, he/she will be asked to identify **her/himself** using the following personal information:

(of the person who may be requesting information)

_____	_____	_____
middle name	postal code	date of birth (mmm/dd/yyyy)

*This information **will be** used to confirm the identity of the third party seeking access to your record by phone.

I grant permission to my delegate to receive the following information about me:

- My student financial information
- My student academic record (including my application record)

This information remains in effect until (please check ONE box):

- July, 2011
- July, 2012
- July, 2013

(student signature)

_____, _____
(date)

See reverse for information about why we request your permission to release your information to someone else.



Fanshawe College—Office of the Registrar
RELEASE OF INFORMATION FORM
Why we need this form completed.

Provincial legislation in Ontario requires that we take every step to protect the personal and private information of every applicant, student, and staff member. This legislation is titled the Freedom of Information and Protection of Privacy Act (FIPPA).

In order for Fanshawe College to fulfill the requirements of this legislation, we require that you extend your authority to Fanshawe in order for us to release any information related to your application and/or student record to a third party, and this permission will be kept on record until the end of July in the year you indicate. You will be able at any time to renew this permission by completing a new Release of Information Form.

The protection of your information is something that we consider important at Fanshawe College, and because we guard your information so carefully, we need you to tell us who can access your record. Please tell us who you are and to whom we can release your information. The information about the person to whom you are giving permission is a protection for you. The person who is accessing your information must provide to us their middle name, date of birth AND their postal code. This will assist our phone staff in confirming that the person calling for your information is indeed the person you have authorized.

We value your trust in us. Should you have any questions related to FIPPA, please contact the Registrar's Office and ask to speak to the coordinator responsible for Freedom of Information at (519) 452-4277.

Fanshawe College: "Community Driven...Student Focused"