

What?	Use this form to give the university permission to release your personal information (e.g. your marks or registration information) to a third party, such as a parent.
Who?	You must complete, date and sign this form in person at the Office of the Registrar. Faxed or scanned copies will not be accepted.
When?	The length of time for requests to be processed is normally 48 hours. During peak times, processing time may be longer.

Last name	First name	Student Number
Program		University student email address

I authorize Ontario Tech University to release protected student information about my general student record including admissions, grades, current enrolment, status, program, student account information, and any other academic record deemed necessary. This information may be released to:

Last name of representative	First name of representative	
Street address	City/town	
Province	Postal code	Date of birth (mm/dd/yy)

I do not authorize the release of the following information:
This information is being released for the following reasons (If you do not desire to state a specific purpose, write "at the request of the individual."):
This authorization shall remain in effect until (mm/dd/yy):

Student rights: You have the right to inspect the contents of your client file and the information released, and if you disagree with the file contents, to submit an amendment to your records.

Revocation of consent: You have the right to revoke this authorization in writing at any time by sending such written notification to the Office of the Registrar's address with both your signature and that of a witness. However, your revocation will not impact information already released, or release of some information to insurance companies with the legal right to contest a claim.

This authorization is governed by the Freedom of Information and Protection of Privacy Act (R.S.O. 1990, Chapter F31), as well as other applicable provincial and federal laws. Such laws prohibit re-disclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes re-disclosure.

Student's signature	Date
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This form will not be processed unless it is signed and dated.

For office use only	
Processed by:	Date:

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used for education, administrative and statistical purposes and to administer registration within the University. Questions regarding the collection of your personal information may be directed to the Registrar, 2000 Simcoe Street North, Oshawa, ON L1G 0C5, 905.721.3190, email: connect@ontariotechu.ca.

If you require this information in an alternative format due to disability, please email records@ontariotechu.ca.