Consent for Disclosure of Personal Information

Student Name: _____ Student ID#: _____

At the New Brunswick Community College (NBCC), the confidentiality of all information regarding students is [illegible] accordance with the Protection of Personal Information Act. NBCC does not disclose information to external parties about a student, or from a student file, without authorization; however, NBCC may release [illegible] such as the student's name, enrolment dates, and [illegible] for communication. The College Registrar may also provide access to student records for the purpose of research. Within the general [illegible] faculty, staff and students may access student records when performing their [illegible] duties.

NBCC provides student information to the following [illegible]: Service NB, Education, Training and Labour, [illegible] Services, [illegible] NBCC Alumni Association.

Graduates will be contacted [illegible] following graduation to participate in the Graduate Follow-Up Survey. These [illegible] Association [illegible] activities accordingly.

Important notices will be sent to the email account you provided upon registration/application. [illegible] read your email and to notify the Registrar's Office of changes to your information.

Your signature on this form indicates that you have read this notice.

Student's Signature: _____ Date: _____

This section authorizes NBCC to disclose specific information to specific parties.

I authorize NBCC to [illegible]

	Specify Contact Name/Relationship	Financial Information	Academic Information
Authorized person / Parent, spouse, g[illegible]			
Profes[illegible] Sponsor			
Potential Employers/ Companies	i.e.: Horizon He[illegible]		Proof of Immunization

Note: Information [illegible] accreditation [illegible] following: attendance [illegible] official transcripts [illegible] official transcripts [illegible] skills; interpersonal skills; any relevant information [illegible] exams to academic performance.

I authorize the disclosure of my [illegible] information. I understand that this consent may be withdrawn at any time by written request.

Student's Signature: _____ Date: _____

This consent is obtained in accordance with section 2(2) of the Protection of Personal Information Act. NBCC policy 1303 – Student Records.