Fleming College | Student Authorization for Release of Personal Information to Third Party Form

Under section 42 of the Freedom of Information and Protection of Privacy Act (FIPPA) students can use this form to authorize a Fleming College staff member to release records containing personal information to a third party in accordance with your specific needs. Fleming College will not release personal information, except as required by law, without explicit written consent.

Authorizing Student Information:

Preferred Title (if any):		Last Name:		
First Name:		Middle Name:		
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:		
Province:		Postal Code:		
Home phone #:	Business/Mobile Phone #:	Email address:		
Student ID #:		Staff Member Authorized to Release Information:		

IMPORTANT: The College is required to verify the identity of the authorizing student before providing access.

Third Party to Release Records to:

Preferred Title (if any):				Last Name:	
First Name:				Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R.No.)				City/Town:	
Province:				Postal Code:	
Home phone #:	Business/Mobile Phone #:			Email address:	
Organization / Role and or					
Relationship:					
Send Records to Third Party	🗆 Email	□ Mail		ther	
via 🔶				Please describe	

Description of Personal Information to be Released

 → Be specific (i.e. identify type(s) of record(s) being requested and the department of custody if known). → Incomplete or vague requests will be returned to authorizing individual for completion. → If you require assistance contact freedomofinformation@flemingcollege.ca. 					
Records to be Released (section must be completed, be specific)	Department of Custody (if known)				
This authorization for release of personal information will remain in effect at Fleming College for three (3) months from the date of signature on this release form. If this form is completed outside of Fleming College, proof of government issued photo ID (for the student) must accompany the form. By my signature, I hereby consent Fleming College to release my personal information in accordance with the specifications detailed on this consent form.					
Name Printed //	nature / Date				

Fleming College protects your privacy and your personal information. The personal information requested on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act ("FIPPA").

The information provided on this form may be used for the purpose of responding to a request for information by a third party. Exceptions for release of information as described under FIPPA may apply, and if applicable, will be communicated.

Please direct any questions or concerns about this form the Privacy Coordinator or Officer at Fleming College, 599 Brealey Drive Peterborough ON K9J 7B1, freedomofinformation@flemingcollege.ca.

For Fleming College's Use Only:

Date Received: / / (yyyy/mm/dd)	File Number:	Comments:
Date Expired: / / (yyyy/mm/dd)		