Fleming_logo_B-W-10

## Authorization for Release of Personal Information

You can use this form to authorize Fleming College to release your personal information in accordance with your specific needs. For example, if you authorize us to, we will provide reference information about you to possible employers. If you do not authorize us on this form to share your information with (e.g.) potential employers, we will not do so.

**Section A. – Notice to the Individual (Student)**

Under section 42 of the *Freedom of Information and Protection of Privacy Act* (FIPPA), you can authorize Fleming College and its representatives to release your personal information outside the College as follows:

Instructions:

In Section B, Box 1 - you identify representatives of Fleming College to release personal information about you.

In Section B, Box 2 - you identify the specific personal information you want released.

In Section B, Box 3 - you identify the individuals &/or organizations who you want to receive your personal information.

Fleming College will not authorize the release of your personal information, except as required by law, without your explicit written consent.

This authorization for release of personal information will remain in effect at Fleming College for the following period only: *(check the appropriate box)*

❒ Six months from the date on this release form

❒ Twelve months from the date on this release form

❒ Other (please specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B. – Identification of Personal Information**

|  |  |  |
| --- | --- | --- |
| **Box 1**  Fleming Representatives Authorized to Disclose The Personal Information  *(check the applicable box)* | **Box 2**  Description of Personal Information  To Be Released  *(check the applicable box)* | **Box 3**  Release The  Personal Information To  *(check the applicable box)* |
| ❒ *Any faculty member who delivered academic instruction to me or supervised me in a field placement*  ❒ *Other (please specify):* | ❑ *Academic and/or field placement information that would be relevant to achieving successful employment in the workplace.*  ❑  *Other (please specify):* | ❒ *Potential employers requesting the information as part of an employment reference check*  ❒ *Other (please specify):* |

**Section C. - Authorization**

By my signature, I hereby consent to the release of my personal information in accordance with the specifications detailed on this consent form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Name – Please Print) (Signature) (Date – DDMMYY)