

## Release of Information Consent Form

Pursuant to **Section 27(b) of the Nova Scotia Freedom of Information and Protection of Privacy Act**, I, \_\_\_\_\_, authorize Cape Breton University to disclose to the persons or organizations listed below, the following information:

Student ID: \_\_\_\_\_ Student Email: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Academic Record – (e.g., Final Grades, GPA and/or Degree Assessment)</i>           | <input type="checkbox"/> <i>Confirmation of Graduation and Degree</i> |
| <input type="checkbox"/> <i>Academic Grievances – (e.g., Grade Appeals, Discipline, Suspension, Dismissal)</i> | <input type="checkbox"/> <i>Registration Appeal Decisions</i>         |
| <input type="checkbox"/> <i>Any information concerning my RESP submission</i>                                  | <input type="checkbox"/> <i>Financial Account Information</i>         |
| <input type="checkbox"/> <i>Enforcement of University Policies</i>   | <input type="checkbox"/> <i>Code of Conduct Hearings</i>              |
|  | <input type="checkbox"/> <i>Other:</i> _____                          |

### ACKNOWLEDGEMENT AND RELEASE

Name of Third Party (Parent, Agency, etc.): \_\_\_\_\_

Contact Information of Third Party (email or phone): \_\_\_\_\_

The term of such release of information will be:

- One time only     Ongoing until such written notice is given to terminate  
 From the date of signing below until (specify date) \_\_\_\_\_

By signing, I hereby consent to authorize Cape Breton University to communicate the information below on my student account. This permission will remain in effect until I submit a written request to the contrary (or noted above). This consent shall be effective from the date this consent was executed for a period of one year after which time it will be null and void and such consent will be deemed to have been withdrawn by me. I am aware that I may rescind or amend this authorization in writing at any time prior to the expiry date.

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Freedom of Information and Protection of Privacy Act (FOIPOP): Cape Breton University respects your privacy. Your personal information is protected and used in compliance with Nova Scotia's Freedom of Information and Protection of Privacy Act 1993, c5, s.1.

Please return to [registrar@cbu.ca](mailto:registrar@cbu.ca)