

**INSTRUCTIONS:**

Use of this form is subject to Sheridan's *Confidentiality of Student Records Policy* and its appendices, all other Sheridan policies including but not limited to the *Privacy Policy*, and all applicable legislation including but not limited to the *Ontario Freedom of Information and Protection of Privacy Act*.

A **notarized** copy of your driver's license or passport (with your signature), or Sheridan oneCARD must accompany scanned forms (i.e. for driver's license and oneCARD please copy both sides). Scanned form and identification can be emailed to [information.sheridan@sheridancollege.ca](mailto:information.sheridan@sheridancollege.ca). If you are submitting this form in person, valid picture identification must be presented at the time of submission.

Pursuant to section 42(1)(b) of the *Ontario Freedom of Information and Protection of Privacy Act*, I, \_\_\_\_\_, authorize The Sheridan College Institute of Technology and Advanced Learning ("Sheridan") to release the specified information to the Authorized Individual listed on this form described under section 2.

Student ID: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Preferred Tel. Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**1. INFORMATION TO BE RELEASED:**

Requests should be as specific as possible. Check off the areas of Sheridan you seek information from, and clearly outline the nature of the information sought. The broader your request, or the more departments you seek information from, the longer your request will take to process. Refer to the [Informal Request Protocol for Student Records](#) on Sheridan's website for a description of what information is available for your request.

<input type="checkbox"/> Office of the Registrar <input type="checkbox"/> Registered Student Record <input type="checkbox"/> Other Documents (please specify)	<input type="checkbox"/> Counselling Services <input type="checkbox"/> Student Advisement	<input type="checkbox"/> Health Services <input type="checkbox"/> Office of Student Rights and Responsibilities	<input type="checkbox"/> Accessible Learning
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Clearly and precisely specify the nature of information sought from each checked-off department and/or indicate the information you wish to exclude:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. AUTHORIZED INDIVIDUAL** (note: you may leave this section blank if you wish to authorize Sheridan to release information only directly to you. Leaving this section blank will indicate that you are the only Authorized Individual):

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**Verification Password** (please provide a single word that will be used to verify the authorized individual if services are requested over the phone /electronically): \_\_\_\_\_

Please indicate in the boxes below how you authorize this individual to access the specified information (you may check both):

- By telephone/electronically. Release of information using this method will involve verification of the authorized individual using the verification password that you have provided.
- In person. Release of information using this method will involve verification of the authorized individual's identity using valid Government issued photo identification.

**The authorization will be valid:**

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

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

Witness to Student Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Entered on PeopleSoft  
 Hard Copy filed    **Processed by:** \_\_\_\_\_    **Date:** \_\_\_\_\_