Office of the Registrar

Fax: Newnham: (416) 491-9187; King: (905) 833-0730
Seneca@York: (416) 661-1947; Markham: (905) 940-4090

Seneca

Consent to Release Information

Last Name _____ First Name _____

Street Address _____ Apt./Unit No. _____

City / Town _____ Province _____ Postal Code _____

Student Number ____ — ____ — ____ Program _____

I hereby give permission for the release of information concerning my _____

_____

To: _____
(Enter Name)

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Student Signature _____ Date _____

Original: Student File Copy: Student Last Revised: March 8/12

TO BE DUPLICATED ONLY BY REGISTRATION & RECORDS.