

RELEASE of STUDENT INFORMATION

Pursuant to the Freedom of Information and Protection of Privacy Act, we require any request to release a student's record to anyone other than the student be authorized in writing by the student.

Please complete the following Information:

Student Name: _____

Student ID #: _____

Date of Birth: _____

**I (sign here) _____ authorize my student

record information (including transcripts) to be released to:

Date: _____

Current Students Please Note: This document will remain valid for the duration of your studies at NSCAD unless otherwise notified in writing.