

THIRD-PARTY AUTHORIZATION/RELEASE OF INFORMATION FORM

Submit completed form to any Campus Services Office or by email to StudentHelp@nlc.bc.ca
* Indicates a required field

In compliance with the Freedom of Information and Protection of Privacy Act (FIPPA), Northern Lights College (NLC) is prohibited from providing information from your student record to a third party, including student records such as information on attendance or grades, invoices, financial aid (including scholarships, grants, or loan amounts). This restriction applies, but is not limited to your parents or guardians, your spouse, or a sponsor.

Students may grant NLC permission to release information from their student record to a third party by submitting a completed Third-Party Authorization/Release of Information form. The specified information will be made available only if requested by the authorized third party. NLC does not automatically send this information. Authentication of the third party will be required before releasing authorized information. Government issued photo ID may be requested. Through this form students may also authorize a third-party to conduct specified transactions on their behalf.

FILL OUT ONE FORM PER AUTHORIZED THIRD PARTY.

STUDENT INFO	Last name (Legal) *	First name (Legal) *
	NLC student number or Date of Birth (YYYY/MM/DD) *	Phone number *
THIRD PARTY CONTACT INFO	Name (First and Last): please provide the full name of an individual or the name of the organization/company. *	
	Select ONE option from the options below: *	
	<input type="checkbox"/> The third party I am granting records access to is an individual. Relationship to student: _____ <input type="checkbox"/> The third party I am granting records access to is an organization/company.	
	Phone number *	Email *
STUDENT RECORD RELEASE	I authorize Northern Lights College to release the following information from my student record to the above-named third party upon request *	
	<input type="checkbox"/> ALL categories listed below. OR For selective access, select the access that apply from the below options. <ul style="list-style-type: none"> <input type="checkbox"/> Student financial account information – access to information about student account receivables. <input type="checkbox"/> Financial aid information – access to information about financial aid and awards. <input type="checkbox"/> Enrolment status – access to information about admissions and registration. <input type="checkbox"/> Grades – access to information about final grades. <input type="checkbox"/> Academic standing – access to information about academic status and/or academic standing, or attendance. <input type="checkbox"/> Disciplinary information – access to information about disciplinary status, including academic and non-academic. <input type="checkbox"/> Graduation / credentials – access to information about graduation status and credential(s). <input type="checkbox"/> Other – For records not clearly noted in the above category descriptions, write below the specific records you want to grant access. 	
STUDENT TRANSACTIONS	I consent to authorizing the above-named third party to conduct the following transactions on my behalf.:	
	Select the transactions that apply from below. If not applicable, leave this section blank. <ul style="list-style-type: none"> <input type="checkbox"/> Registration <input type="checkbox"/> Add/drop academic courses <input type="checkbox"/> Pay fees (deposit, tuition, etc) 	
AUTHORIZATION DURATION	Valid from Declaration Date. Select ONE option from the options below. *	
	<input type="checkbox"/> Authorization to end one year from the Declaration Date below. <input type="checkbox"/> Authorization is active until I email written notice to studenthelp@nlc.bc.ca to request termination. <input type="checkbox"/> Authorization to end one month after my current course/program. If selecting this option, note course or program end date here: _____	

Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. By signing below, I hereby authorize NLC to release my information indicated above to the person/organization as of the date stated below. I understand that I can revoke this access at any time by sending written notice via email to StudentHelp@nlc.bc.ca. I understand that NLC considers a falsified student records release form as fraud.

Student Signature * _____ Declaration Date * _____ yyyy/mm/dd