

## THIRD-PARTY AUTHORIZATION FORM TO RELEASE STUDENT INFORMATION

Saint Paul University has information on file that is available only to you, as a student. This information can only be released with your written permission. You can use this form to authorize one or more persons (third parties) to access information about you, or to obtain documents or make transactions concerning you.

For fast processing, please sign, scan and send your form from your @uOttawa email address to the Office of the Registrar at [registrar@ustpaul.ca](mailto:registrar@ustpaul.ca). You can also print, complete and bring this form in person to Saint Paul University, Office of the Registrar (223, Main Street, Room G161B, Ottawa, Ontario, Canada, K1S 1C4).

STUDENT NO.

### STUDENT INFORMATION

SURNAME

GIVEN NAMES

ADDRESS

APP./SUITE

BIRTH DATE

YEAR / MO. / DAY

CITY

PROVINCE

POSTAL CODE

AREA CODE &amp; TEL. NO. (HOME)

AREA CODE &amp; TEL. NO. (WORK)

EMAIL

PROGRAM OF STUDIES

FACULTY

LEVEL

 UNDERGRADUATE  GRADUATE

### AUTHORIZED PERSONS

PLEASE INDICATE THE NAME OF THE PERSON(S) TO WHOM YOUR INFORMATION CAN BE RELEASED.

FIRST NAME

SURNAME

## AUTHORIZED ACTIONS

CHECK ALL RELEVANT ITEMS			DURATION OF THE AUTHORIZATION	
1	OBTAIN INFORMATION FROM MY STUDENT RECORD (FINAL MARKS, REGISTRATION HISTORY)	<input type="checkbox"/> YES <input type="checkbox"/> NO	START  YEAR / MO. / DAY	END  YEAR / MO. / DAY
2	MAKE, CHANGE OR CANCEL MY COURSE SELECTIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3	CHANGE MY PROGRAM OF STUDIES	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4	REQUEST OFFICIAL DOCUMENTS (TRANSCRIPTS, PROOF OF STUDIES AND OTHER OFFICIAL FORMS OR DOCUMENTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5	CHANGE MY PERSONAL INFORMATION (E.G., CHANGE OF ADDRESS)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6	OBTAIN INFORMATION ON MY REGISTRATION, PROGRAM OF STUDIES, TRANSCRIPT OR DEGREE RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO		
7	PROVIDE OR OBTAIN INFORMATION RELATIVE TO MY ADMISSION FILE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8	PROVIDE OR OBTAIN INFORMATION RELATIVE TO MY FINANCIAL ACCOUNT	<input type="checkbox"/> YES <input type="checkbox"/> NO		
9	PROVIDE OR OBTAIN INFORMATION RELATIVE TO MY UNIVERSITY SCHOLARSHIPS	<input type="checkbox"/> YES <input type="checkbox"/> NO		

COMMENTS AND RESTRICTIONS

DATE

YEAR / MO. / DAY

SIGNATURE - STUDENT

X

## OFFICE OF THE REGISTRAR OR FACULTY REPRESENTATIVE

DATE

YEAR / MO. / DAY

SIGNATURE

X

## CANCELLATION OF AUTHORIZATION

YOU CAN CANCEL PREVIOUS AUTHORIZATIONS BELOW BY SIGNING YOUR NAME AND INCLUDING THE DATE.

I HAVE READ AND UNDERSTOOD THE INFORMATION BELOW EXPLAINING THAT MY PERSONAL INFORMATION WILL BE PROTECTED UNDER THE ONTARIO FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.

DATE

YEAR / MO. / DAY

SIGNATURE - STUDENT

X

## NOTICE OF COLLECTION OF PERSONAL INFORMATION

Your personal information is collected under the authority of Saint Paul University in accordance with the Ontario *Freedom of Information and Protection of Privacy Act* and University Policy **ADM-118**. The personal information you provide on this form will be used by the University for purposes consistent with the administration of university programs and activities and the provision of services and performance of functions including recruitment, admission, enrolment, academic programs, evaluations, official document requests, financial aid and awards, assisting student associations and graduation.

If you have questions about the collection, use and disclosure of your personal information, please contact the Office of the Registrar at 613-236-1393 extension 2318 or at [registrar@ustpaul.ca](mailto:registrar@ustpaul.ca).