MEDICINE HAT COLLEGE

General Release of Personal Data

The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.

I, hereby authorize and give consent to Medicine Hat College to disclose my personal information to _____ [THIRD PARTY NAME] , which includes the following information for the purpose(s) stated below for the period of _____ [DATE RANGE ie. 1 year] after the date consent is signed. Further, I recognize that my consent to the disclosure of my personal information is voluntary and that I may withdraw my consent at any time; however, it may impact the level of service being requested or required.]

Information: _____

_____

_____

_____

Purpose of Disclosure: _____

_____

□ I hereby provide permission to disclose the information noted above for the stated purpose.

□ I hereby withhold / cancel permission to disclose information.

Name: _____

Signature: _____

Date: _____