MEDICINE HAT COLLEGE

General Release of Personal Information Form

Protection of Privacy Act

The personal information collected through this form is for the purpose of providing consent for one or more of the options below. This collection is authorized by section 4 of the Protection of Privacy Act. For questions about the collection of personal information please contact the Information & Privacy Office at IPO@mhc.ab.ca

Consent Authorizing the Disclosure of Personal Information

I, _____, hereby authorize and give consent to Medicine Hat College to disclose at my request, the personal information identified below to _____ for the purpose(s) provided below. 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.

(LIST/TYPE OF PERSONAL INFORMATION IN DETAIL)

My relationship to Medicine Hat College is:

☐ Student Program Name:_____

☐ Alumni Program Name: _____ Year of graduation: _____

Release of Personal Information

I acknowledge by signing that I authorize the disclosure of my personal information as described above for the following purpose(s):

☐ To provide an Employee Reference

☐ To provide a Student Reference

☐ To provide to a Legal Guardian/Parent

☐ To provide to my Solicitor (Legal Representation)

☐ To provide for the purpose of:_____

I acknowledge by signing below that I have read and understood the contents of this form.

Signature: _____ Date: _____