



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 International Education at inted@mhc.ab.ca, Medicine Hat College, 299 College Drive, Medicine Hat, Alberta T1A 3Y6.

Consent Authorizing the Disclosure of Personal Information

I, _____, hereby authorize and give consent to Medicine Hat College to disclose my personal information to _____, which includes LOA, PAL, enrolment status, payment receipt for 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; however, it may impact the level of service being requested or required.

My relationship to Medicine Hat College is:

Student Program Name: _____

Faculty/staff Title: _____

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 to a Legal Guardian/Parent

To provide for the purpose of Application and enrolment

To provide a Student Reference

To provide to my Solicitor (Legal Representation)

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

Signature: _____ Date: _____

Parent/guardian if person is under 18 years-of-age: _____

Signature: _____ Date: _____