

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174
www.athabascau.ca

Waiver: Release of Information Form

Athabasca University requires your written permission before it can release specific information to third parties. This waiver is in effect until you withdraw your permission, in writing, to Athabasca University.

STUDENT ID NUMBER

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FOR OFFICE USE ONLY

SPONSORING CLIENT ID NUMBER

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REFERENCE NUMBER

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General Information (please print)

Student Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

CITY/TOWN PROVINCE/STATE

_____ COUNTRY POSTAL/ZIP CODE
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Telephone: () _____
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: () _____
(AREA CODE) FAX E-MAIL

Permission

The personal information collected on this form will be used to process your request to release specific information. This information is collected under the authority of Section 33 (c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Academic Records and Examinations, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.

I hereby authorize Athabasca University to release to the third party(ies) below, the following information regarding:

- Full record
- My performance in the following course(s):

To: _____

Note: This waiver is in effect until the student requests Athabasca University withdraw this authorization (in writing).

Student signature: _____

Date: _____