



CONSENT TO RELEASE OR OBTAIN INFORMATION

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The Local Authority Freedom of Information and Protection of Privacy Act guarantees that information of a personal or confidential nature will be restricted from public access. For more information about this Act, contact the Saskatchewan Polytechnic Privacy Officer at privacyhead@saskpolytech.ca.

Saskatchewan Polytechnic applicants and students are required to complete and sign a Consent form if they wish to permit Saskatchewan Polytechnic to release personal information or to provide an employment reference to anyone outside Saskatchewan Polytechnic. Applicants and students are also required to complete and sign this form if they need Saskatchewan Polytechnic to obtain personal information about themselves from an external party. Completed forms are maintained on file by Enrolment Services or the program, as applicable. They may be shared with other Saskatchewan Polytechnic faculty and/or professional services staff as required for administrative purposes.

*** The consent provided herein is in effect until a request to withdraw the consent is received, or another Consent form is provided. Subsequent Consent forms replace previous consent given. ***

Full Name of Applicant or Student (First, Middle, Last)	Current Program or Course Registration	
Student ID No.	and/or	Date of Birth (Month, Day, Year)

1. CONSENT TO RELEASE INFORMATION TO AN EXTERNAL PARTY

I hereby permit Saskatchewan Polytechnic to **release** my personal information to the person(s) named below (Examples: parent, sponsor, licensing body). This information shall **include only** the following type(s). (Check only as applicable):

- Admission/Registration
 Financial
 Academic Progress *(example: enrolment status)*
 Attendance
 Educational/Equity Provisions *(example: learning assistance, reserved seating)*

Other _____

Name	Address	Telephone (Area Code Required)
Name	Address	Telephone (Area Code Required)
Name	Address	Telephone (Area Code Required)

2. CONSENT TO OBTAIN INFORMATION FROM AN EXTERNAL PARTY

I hereby permit Saskatchewan Polytechnic to **obtain** my personal information from the person(s) named below (Examples: parent, sponsor). This information shall **include only** the following type(s). (Check only as applicable):

- Admission/Registration
 Financial
 Other _____

Name	Address	Telephone (Area Code Required)
Name	Address	Telephone (Area Code Required)

3. CONSENT TO PROVIDE A REFERENCE TO POTENTIAL EMPLOYERS *References may be provided by program personnel

I hereby permit Saskatchewan Polytechnic program personnel to **provide** a reference for me to potential employers

SIGNATURE REQUIRED

Applicant or Student Signature

Date

Witness Signature
(must be over 18 years of age and cannot be a parent, legal guardian or spouse)

Witness Name
(please print)

Witness relationship to applicant/student

* REQUEST TO WITHDRAW CONSENT GIVEN *

I hereby withdraw my consent to Saskatchewan Polytechnic to obtain or release information

Applicant or Student Signature

Date