

## **Canada's Capital University**

## **Faculty of Graduate and Postdoctoral Affairs Third Party Release of Information Form**

## **INSTRUCTIONS:**

A copy of your driver's licence, passport, or student card clearly showing both your picture and your signature must accompany faxed or mailed forms (i.e. for driver's licence and student card please copy both sides). If you are submitting this form in person, valid picture identification must be presented at time of submission.

Student Name		Applicant ID / Student Number	
Email Address (Former students only, current students use MyCarleton (@connect) Email)		Telephone	
	nt to Section 42(1)(b) of the Freedom of Information and Protection of Pri	•	
	sity to disclose, to the persons or organizations listed below, the following		
	Application and Admission Information	, information.	
	Confirmation of Registration		
	☐ Confirmation of Graduation and Degree		
	Release of Grades		
	to pick up my Diploma		
	Registration (to act on my behalf to facilitate my registration, which may academic record as needed)	require access to part or all of my	
	Appeals & Petitions (to act on my behalf to facilitate an Appeal or Petition of my academic record and/or conduct record)	on, which may require access to all or part	
Name	of Person or Organization:		
Please n	ote: The third party you have elected will be required to provide appropriate identification		
The ter	rm of such release of information will be:		
	One time only		
	Ongoing until such written notice is given to terminate		
	From the date of signing below until(s	specify date)	
Student Signature:		Date:	

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate and Postdoctoral Affairs, 512 Tory Building, 613-520-2525. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

Tel.: 613-520-2525

**Faculty of Graduate and Postdoctoral Affairs** 

Fax: 613-520-4049