

Registrar's Office Third Party Release of Information Form

INSTRUCTIONS:

This form may be submitted in person or scanned and sent via your Carleton email (@cmail) account. In-person requests require validation of picture ID (Carleton student card, UPass or government issued photo ID). Please note: requests received through Carleton email (@cmail) do not require proof of identification.

Name	Student Number
Email Address (Former Students Only; Current Students Use Carleton Email)	Telephone

Pursuant to Section 42(1)(b) of the Freedom of Information and Protection of Privacy Act,

I _____,

authorize Carleton University to disclose, to the persons or organizations listed below, the following information:

- Confirmation of Registration
- Any information concerning my RESP submission
- Confirmation of Graduation and Degree
- to pick up the Transcript(s) I have requested*
- to pick up the Certificate(s) of Enrolment I have requested*
- to pick up my Diploma

Registration (to act on my behalf to facilitate my registration, which may require access to part or all of my academic record as needed). This does not include requesting a PIN reset. Carleton Central PIN resets can only be accommodated when requested by the student; an identity verification process will be followed prior to resetting the PIN

Appeals & Petitions (to act on my behalf to facilitate an Appeal or Petition, which may require access to all or part of my academic record and/or conduct record)

*Students must order Transcripts or Certificates of Enrolment separately using the online application in Carleton Central. This is not a request form; this is a release for pick-up only.

Name of third party: _____

Address of third party: _____

Phone/Contact of third party: _____

Please note: The third party you have elected will be required to provide appropriate identification.

The term 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 _____ (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 the Registrar's Office (300 Tory Building, 613-520-3500). Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.