

Informal Access Request for Student Information from Individual and Third Party

First Name	Last Name
Student ID	Date of Request
Program	Campus

I _____, authorize Sheridan College Institute of Technology and Advanced Learning (“Sheridan”) to access/release information pertaining to the Pre- and Registered Student Record (please check all that apply) to the authorized individual described under section 2.

1. INFORMATION TO BE RELEASED:

Pre-Registration Student Record (Admissions)
 Fee Statement (including payment of fees, penalties, administrative encumbrances)
 Enrolment Verification

Registered Student Record (Academic Record):

Grades and Academic Standing
 Final Grade reviews and academic appeals
 Record of graduation, credential awarded, date of completion, conferral date

Other. Please specify the nature of the information sought from each additional department below (add additional pages as necessary)

2. AUTHORIZED INDIVIDUAL (note: you may leave this section blank if you wish to authorize Sheridan to release information only directly to you. Leaving this section blank will indicate that you are the only Authorized Individual):

Name:

Relationship to Student:

Verification Password (please provide a single word that will be used to verify the authorized individual if services are requested over the phone /electronically):

Please indicate in the boxes below how you authorize this individual to access the specified information (you may check both):

By telephone/electronically. Release of information using this method will involve verification of the authorized individual using the verification password that you have provided.

In person. Release of information using this method will involve verification of the authorized individual's identity using valid Government issued photo identification.

The authorization will be valid:

From the date of signing below until

Ongoing until written notice is given terminate. (specify date).

Signature of student: _____

Date: _____

Witness to Student Signature: _____

The completed form must be submitted in person, by the student, with valid photo ID to the Office of the Registrar. If the student is unable to submit the form in person, a **notarized** copy of the student's driver's license or passport (with the student signature), or Sheridan onecard must accompany scanned forms (i.e. for driver's license and onecard please copy both sides). Scanned form and identification can be emailed to information.sheridan@sheridancollege.ca.

DISCLAIMER Sheridan reserves the right to refuse the release of information, even in situations where a signed release has been submitted.

Use of this form is subject to Sheridan's *Access to and Release of Student Information Policy* and its appendices, all other Sheridan policies including but not limited to the *Privacy Policy*, and all applicable legislation including but not limited to the Ontario *Freedom of Information and Protection of Privacy Act*.

All requests for information regarding your government student financial aid record (i.e. OSAP) is handled through a separated process in the Financial Aid Office.

FOR OFFICE USE ONLY:

Entered on PeopleSoft Hard Copy filed

Processed by:

Date: