

In accordance with legislation as set out in the Freedom of Information and Protection of Privacy Act, 1987, Section 41

I, _____

Full Name

Address

City

Province

Postal Code

Student Number

Hereby consent and authorize the release of my academic records

To:

Specify Name of Person, Agency, Institute or Company

Address

With the following expiry date: _____

Signature

(to be signed in the presence of a Durham College representative)

Date

Witness

Date

In accordance with Section 39(2) of the *Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31*, this is to advise you that the personal information on this form is collected under the legal authority of the *Ontario Colleges of Applied Arts and Technology Act, 2002* and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries and agencies of the Government of Ontario and the Government of Canada, including but not limited to, tabulating and reporting data on Key Performance Indicators (graduation rate, graduate employment, graduate satisfaction and employer satisfaction).

If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information Coordinator, Director, Human Rights and Benefits, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.2000, extension 2223.

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