



# Fleming College

## Residence

### Residence Authorization for Release of Personal Information

---

You can use this form to authorize Fleming College to release your personal information in accordance with your specific needs.

#### **SECTION A. – NOTICE TO THE INDIVIDUAL (STUDENT)**

Under section 42 of the *Freedom of Information and Protection of Privacy Act* (FIPPA), you can authorize Fleming College and its representatives to release your personal information outside the College as follows:

#### **Instructions:**

In Section B, Box 1 - you identify representatives of Fleming College to release personal information about you.

In Section B, Box 2 - you identify the specific personal information you want released.

In Section B, Box 3 - you identify the individuals &/or organizations who you want to receive your personal information.

Fleming College will not authorize the release of your personal information, except as required by law, without your explicit written consent.

This authorization for release of personal information will remain in effect at Fleming College for the following period only: *(check the appropriate box)*

- Six months from the date on this release form
- Twelve months from the date on this release form
- Other (please specify): \_\_\_\_\_

---

#### **SECTION B. – IDENTIFICATION OF PERSONAL INFORMATION**

<b>Box 1</b> Fleming Representatives Authorized to Disclose The Personal Information	<b>Box 2</b> Description of Personal Information To Be Released <i>(check the applicable box)</i>	<b>Box 3</b> Release of Personal Information To
<i>Name of College Employee:</i>  _____	<input type="checkbox"/> <i>Residence Fees/ Contract</i>  <input type="checkbox"/> <i>Personal Issues (Be Specific):</i> _____ _____  <input type="checkbox"/> <i>Discipline Sanctions Under Code of Conduct</i>	<i>Name of Person(s) Information is being released to :</i>  _____

---

#### **SECTION C. - AUTHORIZATION**

By my signature, I hereby consent to the release of my personal information in accordance with the specifications detailed on this consent form.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Name – Please Print) (Signature) (Date – DDMMYY)