



Athabasca University

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174
www.athabascau.ca
Or scan and email to:
acrec@athabascau.ca

Waiver: Release of Information Form

Athabasca University requires your written permission before it can release specific information to third parties. This waiver will remain in effect for up to one year from the date listed on this form. Students can identify a shorter time period, if desired. Notice will NOT be provided by AU when the waiver expires.

STUDENT ID NUMBER
[] [] [] [] [] [] [] [] [] []

FOR OFFICE USE ONLY
[] [] [] [] [] [] [] [] [] []
SPONSORING CLIENT ID NUMBER
[] [] [] [] [] [] [] [] [] []
REFERENCE NUMBER

General Information (please print)

Student Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
CITY/TOWN PROVINCE/STATE

Telephone: () _____ () _____
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: () _____ E-MAIL
(AREA CODE) FAX

Permission

The personal information collected on this form will be used to process your request to release specific information. This information is collected under the authority of Section 33 (c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Academic Records and Examinations, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.

I hereby authorize Athabasca University to release to the third party(ies) below, the following information regarding:

- Full record
- My performance in the following course(s):

To: _____

Note: This waiver is in effect for a maximum of one year from the date listed below unless the student identifies a shorter time period.

I would like to identify a shorter time period:

Student signature: _____

Date: _____