



Registrar's Office
 1407 14 Avenue NW Calgary, AB T2N 4R3
 Tel: 403.284.7634 Fax: 403.284.7644
 registrar@auarts.ca

Disclosure Consent

This form serves as a notice of consent to release confidential student information.

Student Information

Student ID:	Student last name:	Student first (or chosen) name:	
Street / Box address:	City:	Province:	Postal code
Phone number:	AUArts email address:	Program / Major:	

Authorization

I authorize the identified department(s)/person(s) to disclose the applicable information about me when contacted by the individual(s) or organization(s) listed below. I understand I am not required to provide this consent should I choose not to do so; and that consent may be withdrawn or revised/modified at any time upon my written request to either of the departments listed at the bottom of the form.

Please read the following and enter 'X' for all that apply:

<input type="checkbox"/>	Academic Advising - applicant/student advising information
<input type="checkbox"/>	Financial Services – billing, payment and tax receipt information
<input type="checkbox"/>	Registrar's Office – admissions (placement and application status)
<input type="checkbox"/>	Registrar's Office – registration, records, term grades/GPA, academic standing, and graduation eligibility information
<input type="checkbox"/>	Financial Aid – loans and scholarship information
<input type="checkbox"/>	Student Services - student non-academic conduct information
<input type="checkbox"/>	Accessibility Services – disability related information

I authorize the following individual(s) to request personal information, as identified above. The last date to send correspondence to this address is: (DD/MM/YY): ____/____/____

Individual(s):			
OR			
Organization:		Phone:	
Organization Contact Person:			
Mailing Address:			
Email Address:			

Signature	Date:
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Office Use Only

<input type="checkbox"/> Update SPACMNT	Date:
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