

PERMISSION WAIVER FORM

I give Assiniboine Community College permission to share the following information with

Print name of person or agency permitted to request information

This permission will remain in effect until _____

Print date when permission expires

Student Number

Name

Program

Signature

Date

Permission is granted to share (check all that apply)

Attendance Information

Final Grades

Mid-Term or Assignment Grades

Financial Account Information

Other (specify): _____

I understand that the information that I have provided will be used for educational purposes at Assiniboine Community College. I also understand that this consent will be valid for the duration of the permission (as set above), and that I have the right to revoke this consent at any time.

This information is being collected according to the Freedom of Information and Protection of Privacy Act. If you have any other questions about the collection of this information, please contact the Registrar at 204.725.8700, ext 6029.