



Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

PERSONAL INFORMATION (please print)

Last Name	First Name	Student ID #
Phone Number	Email Address	
Permanent Home Address		
City	Province	Postal Code

I, _____, hereby authorize Lakeland College employees to request and receive information from or forward and discuss information to/with the following parties which by law, or otherwise, might be considered to be confidential or privileged.

Name: _____

Phone Number: _____

Email Address: _____

Relationship: _____

Check all that apply:

My Financial and Student Account status

My Admission Status

My Grades at Lakeland College or those used for entrance status

My Personal Data (includes addresses, phone numbers, email addresses)

By signing this form I understand that:

I am not required to provide this consent should I choose not to do so and that consent may be withdrawn at any time at my written request. I also understand that this consent is valid to the end of the current academic year, which is June 30, unless I specify otherwise here: (yyyy/mm/dd): _____

Signature: _____

Date: _____