



**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

STUDENT ID NUMBER

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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 BIRTHDATE

DAY			MONTH			YEAR			
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Student Name:

LAST FIRST MIDDLE

MAILING ADDRESS

CITY/TOWN

PROVINCE/STATE

COUNTRY

POSTAL/ZIP CODE

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PRIMARY PHONE

SECONDARY PHONE

EMAIL

General

Information

(please print clearly)

Release Information

(please print clearly)

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:

LAST NAME FIRST MIDDLE

MAILING ADDRESS

CITY/TOWN

PROVINCE/STATE

COUNTRY

POSTAL/ZIP CODE

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PRIMARY PHONE

SECONDARY PHONE

EMAIL

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 4 (c) of Alberta's *Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Enrolment, Records and Examination Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 800.788.9041.

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:

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Student signature: _____

Date: _____