



**Attachment 1  
Authorization for Release of Student Information Form**

**REGISTRAR'S OFFICE  
AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION**

Mohawk College abides by the Access to Student Records Policy (SS-3106-1978), which protects the privacy of personal information held on student records. This policy is in line with, and supported by, the *Freedom of Information and Protection of Privacy Act*.

**PLEASE PRINT CLEARLY**

I, \_\_\_\_\_  
Name of Student

give my consent to Mohawk College to release the following information (please check all that apply)

- Admissions                       Confirmation of Enrollment               Academic Record
- Fee Statement

as requested, to:

\_\_\_\_\_  
Enter the name(s) that this information will be released to

Relationship to student  
Please specify mother, father, guardian, spouse,  
etc. \_\_\_\_\_

Organization/Agency, etc.  
Please Specify \_\_\_\_\_

**ACKNOWLEDGEMENT AND RELEASE**

By signing this document, I acknowledge that I fully understand the nature and terms of this Release Form and that I have been afforded an opportunity to obtain legal advice with respect to its details and confirm that I am signing it freely, voluntarily and without duress.

This consent shall be effective from the date this consent was executed for a period of 1 year after which time it will be null and void and such consent will be deemed to have been

