Athabasca University Office of the Registrar

Release of Information Waiver Form

STUDENT ID NUMBER

General Information

Name: _____ (Last / First / Middle)

Former Name: _____ (Last / First / Middle)

Address: _____

Telephone Residence: ( ) _____ (area code)

City/Town: _____

Telephone Business: ( ) _____ (area code)

Province/State: _____ Postal/Zip Code: _____

Fax: ( ) _____ (area code)

Country: _____

E-mail Address: _____

I hereby authorize Athabasca University upon request from the person/agency identified below, to release information regarding my,

- ☐ Full Record
- ☐ Performance in the following courses:

_____

_____

_____

_____

This information may be released to the following institutions/individuals:

_____

_____

_____

_____

Note: This waiver is in effect until the student requests Athabasca University (in writing) to withdraw this authorization.

The personal information collected on this form will be used to process your release for information waiver, and is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Coordinator, Registry Services, Office of the Registrar, Athabasca University, I University Drive, Athabasca, AB Canada T9S 3A3 Telephone: 1-780-675-6111.

Signature: _____ Date: _____

Mail, fax or deliver the completed form and fees to:

Office of the Registrar, Athabasca University
1 University Drive, Athabasca, Alberta T9S 3A3
Telephone: 1-800-788-9041
Fax: 1-780-675-6174

OR

Deliver the completed form to an Athabasca University Learning Centre in Edmonton or Calgary.