AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Email completed form to: registrar@keyano.ca

Instructions: Submit this form if you wish to allow Keyano College to release your personal information which is in the custody and control of Keyano College, to the parties identified below.

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	KEYANO STUDENT ID

PROGRAM/COURSE	YEAR

I give my permission/authorization for the disclosure of the following types of information. Select all that apply:

☐ Admission status (Including Official Offer of Acceptance letters)

☐ Enrolment status

☐ Educational progress

☐ Financial information relating to payment of tuition and fees or funding

☐ Educational documentation (Transcripts submitted, results of transcript/testing assessments, etc.)

☐ Email/written communications (strictly pertaining to admission/enrolment to a program)

☐ Other (specify type of information):_____

_____

This information is to be given only to the following individual(s) or organization(s)

NAME	RELATION TO ME:	EMAIL ADDRESS:	PHONE NUMBER
NAME	**RELATION TO ME**	**EMAIL ADDRESS**	**PHONE NUMBER**
NAME	**RELATION TO ME**	**EMAIL ADDRESS**	**PHONE NUMBER**

This consent is only valid: ☐ A specific date: _____ ☐ Duration of registration at Keyano College ☐ One time only ☐ Unlimited

I give my consent/permission for the disclosure of this information voluntarily. I know that consent is valid until the date listed on this form. I understand that I can withdraw my consent at any time by submitting a written request to the Office of the Registrar

STUDENT SIGNATURE	DATE

Office of the Registrar Use Only

RECEIVED BY	DATE	PROCESSED BY	DATE

The personal information requested on this form is collection under the authority of section 65 of the Alberta Post-Secondary Learning Act, and section 4 (c) of the Alberta Protection of Privacy Act. The information collected will be used for the purpose of admission, registration, income tax receipts, scholarships and awards, convocation, supplying education information, library services, emergency contact, and for college research and planning. Internally, your information collected on this form may be used to receive support and services from Accessibility Services, Testing Services and Wellness Services, including academic accommodations and/or wellness checks. Your information will be part of our student information system and may be shared for work experience and practicum placements through Work Integrated Learning, Student Associations for the purpose of membership and information sharing, Syncrude Sport and Wellness Centre for membership, and Student Academic Support Services for continuous improvement of student academic success. The information may be added to the electronic Student & Community Conduct Report System, Accessibility Services System, Wellness Services System, and/or the Testing Services System and maybe used for anonymized reporting purposes and/or procedural correction. In compliance with federal and provincial legislation, your information may be disclosed to Statistics Canada under the Statistics Act; Alberta Advanced Education for reporting requirements; and Alberta Human Services for determining and monitoring student eligibility for their services. If you have any questions regarding the collection and use of your personal information, please contact the Office of the Registrar at 780-791-4801.

Keyano College Office of the Registrar | 8115 Franklin Avenue, Fort McMurray AB T9H 2H7
Toll Free 1.800.251.1408 | Telephone 780.791.4801 | E-Mail registrar@keyano.ca
www.keyano.ca/student-services/office-of-the-registrar/student-forms/

REVISED 03/10/2026