

Consent to Release Student Information

Student Name:	Student ID:
I voluntary authorize and consent to the releas	se of information, held by MITT, specific to the following (check boxes, as in the signature date below or when MITT is informed otherwise in writing
Academic Inquiries:	Financial Inquiries:
 □ Current student status (Full/Part-tir Regular/Suspension status, etc.) □ Current course registration/schedu □ Complete student academic history □ Confirmation of program completion graduation eligibility □ Grades 	Payments made on my account Status of account (past due, registration cancelled, sent to collections, etc.)
	released to the following person(s), agency or organization(s):
Email address:	
2. Name of designate/agency/organization	on:
Email address:	
3. Name of designate/agency/organization	on:
Email address:	
I understand I have the right to rescind the per any time by writing to enrolment@mitt.ca.	rmission(s) granted to the above noted designate/agency/organization at
person/organization designate on this docun claims by myself, my heirs, or assigns for re	ng access to elements of my personal/academic information to the nent. I hereby agree to save harmless MITT from any present or future eleasing the above information. MITT will not release student account and Education Credit Certificates (T2202A Tax Receipts) to anyone other
Protection of Privacy Act (FIPPA) https://mitt.c authority of the Freedom of Information and	familiar with MITT's policies and read the Freedom of Information and ca/privacy. MITT collects and protects personal information under the difference of Privacy Act (FIPPA) for the purpose of operating the information about FIPPA is at http://www.gov.mb.ca/chc/fippa.
Signature of Student:	Data

Office	Use	Only:
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Date Received:

Date Entered:

March 2022