



Student Accounts
6350 Coburg Road
2nd Flr, A&A Bldg.
Halifax, Nova Scotia
Canada B3H 2A1

Freedom of Information and Protection of Privacy Release Form

(This form must be filled out by the student in person at the Student Accounts Office.)

Student Name: _____

Student ID#: _____

I wish to grant permission for financial information to be released to a third party or parties named therein as:

This authorization will remain in place until you contact Student Accounts to have it removed. At no time will a third party be contacted on your behalf. This agreement is solely should the third party visit or call into the office to obtain student account information without you present.

Permanent Mailing Address and Telephone Number:

Student's Signature: _____ Date: _____

Student Accounts Officer Signature: _____