



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#: B00\_\_\_\_\_

I wish to grant permission for financial information to be released to a third party or parties named therein as, (please include email addresses):

---

---

Third Party Email Address:

---

---

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.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Accounts Officer Signature: \_\_\_\_\_