
SIAST'S CONSENT TO RELEASE INFORMATION INSTRUCTIONS AND GENERAL INFORMATION

The Consent to Release Information document contains expandable form fields and prints on 8-1/2 x 11 paper.

The document permits you to electronically add information but will page break onto a second page if more than nine lines of text are added.

If you encounter difficulties printing,
"Ctrl P" will bring up your print screen.

The Local Authority Freedom of Information and Protection of Privacy Act guarantees that information of a personal or confidential nature will be restricted from public access.

SIAST applicants and students are required to complete and sign a Consent to Release Information form if they wish to permit anyone other than SIAST faculty and staff to access their application, registration, academic, attendance, equity or financial information.

SIAST faculty and staff are not permitted to release or request confidential information from external sources pertaining to applicants and students without their written consent.

A Consent to Release Information form must be completed and signed by the applicant or student before confidential information is released or requested.

This form will be maintained by the initiator and may be shared with other SIAST faculty and/or professional services staff as required for administrative purposes.

Witnesses must be over 18 years of age and cannot be a parent, legal guardian or spouse.

The Consent to Release Information is in effect until SIAST is notified otherwise by the applicant or student, in writing.

For more information on
The Local Authority Freedom of Information and Protection of Privacy Act
please contact Sylvia Dycer, SIAST Access and Privacy Officer at dycer@siast.sk.ca.

This information page does constitute part of the Consent to Release Information form.

CONSENT TO RELEASE INFORMATION

SIAS Kelsey Campus
Idylwyld & 33rd Street
PO Box 1520
Saskatoon SK S7K 3R5
Fax: 306-933-7226

SIAS Palliser Campus
Saskatchewan St & 6th Ave NW
PO Box 1420
Moose Jaw SK S6H 4R4
Fax: 306-694-3094

SIAS Wascana Campus
4500 Wascana Parkway
PO Box 556
Regina SK S4P 3A3
Fax: 306-798-1377

SIAS Woodland Campus
1100-15th Street East
PO Box 3003
Prince Albert SK S6V 6G1
Fax: 306-953-7160

The Local Authority Freedom of Information and Protection of Privacy Act guarantees that information of a personal or confidential nature will be restricted from public access. SIAS applicants and students are required to complete and sign a Consent to Release Information form if they wish to permit anyone other than SIAS faculty and staff to access their application, registration, academic, attendance, equity or financial information. SIAS faculty and staff are not permitted to release or request confidential information from external sources pertaining to applicants and students without their written consent.

This form will be maintained by the initiator and may be shared with other SIAS faculty and/or professional services staff as required for administrative purposes.

This form must be completed and signed by the applicant or student before confidential information is released or requested.

SIAS ID Number: Program:
[if applicable]

I, give permission to
[Student's full name]

SIAS Registration Services and/or staff
[Program/Department]

[Please use X to mark]

to request information or documentation and/or to release information or documentation

[Please use X to mark all that apply]

Approved Recipient

<input type="checkbox"/> pertaining to my application	<input type="text"/> <i>person, agency and/or institution</i>
<input type="checkbox"/> pertaining to my program/course registration	<input type="text"/> <i>person, agency and/or institution</i>
<input type="checkbox"/> pertaining to my financial obligations to	<input type="text"/> <i>person, agency and/or institution</i>
<input type="checkbox"/> pertaining to special education and/or disability	<input type="text"/> <i>person, agency and/or institution</i>
<input type="checkbox"/> pertaining to my attendance	<input type="text"/> <i>person, agency and/or institution</i>
<input type="checkbox"/> pertaining to my academic progress and/or related information	<input type="text"/> <i>person, agency and/or institution</i>
<input type="checkbox"/> (other) for the purposes of <input type="text"/>	<input type="text"/> <i>person, agency and/or institution</i>

EXCEPT for the companies listed at the right, by marking X I give permission for SIAS to provide references to prospective employers.

(List only those organizations to whom SIAS should NOT provide references.)

The consent to release information contained herein is in effect until SIAS is notified otherwise by the applicant or student, in writing.

Applicant or Student Signature

Date

Witness Signature*