



### Registrar's Office

550 University Avenue, Charlottetown, PE, Canada C1A 4P3

Telephone: 902-566-0439 • Email: [registrar@upei.ca](mailto:registrar@upei.ca)

## Consent for Disclosure of Personal Information

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of supporting students who wish to involve any third party in their admissions and registration processes. Direct any questions about this collection to: Jennifer Alabiso, Manager, Admissions, 316 Dalton Hall, UPEI, Charlottetown, PE C1A 4P3, (902) 628-4352

### SECTION A: APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Applicant UPEI ID (if available): \_\_\_\_\_

Applicant contact information (phone or email): \_\_\_\_\_

### SECTION B: AUTHORIZATION

I voluntarily authorize the Registrar's Office to disclose my personal information regarding (select any that apply):

- ☐ \_\_\_\_\_ Application/Admission information
- ☐ \_\_\_\_\_ Student Record and Registration information
- ☐ \_\_\_\_\_ Student financial account information

To be released to: (full legal name of person or agency to whom information is to be disclosed)

\_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

### SECTION C: SIGNATURES

*I understand that I can revoke this authorization at any time by emailing the UPEI Registrar's Office at [registrar@upei.ca](mailto:registrar@upei.ca)*

*I acknowledge and agree that I may be contacted by the UPEI Admissions Office about this consent.*

Student Signature:

\_\_\_\_\_

Witness Signature:

(Witness cannot be the person to whom information is to be disclosed)

\_\_\_\_\_

Date: \_\_\_\_\_

Witness Name (printed) \_\_\_\_\_