



Consent for Disclosure of Personal Information

Student Name: _____

Student ID#: _____

At the New Brunswick Community College (NBCC), the confidentiality of all information regarding students is maintained in accordance with the Protection of Personal Information Act (PIPA). NBCC may disclose information to external parties about a student, or from a student, for the purpose of research, as the student's name, enrollment dates, and student records for the purpose of research.

NBCC provides student information to:

Secondary Education (training and labour)

Service (training and labour)

NBCC Alumni Association

Graduates will be contacted by the NBCC Graduate Follow-Up Survey. The Association will be contacted by the NBCC Alumni Association.

Important: You will be sent to the email account you provided upon registration for this survey. Please read your email and to notify us of any changes to your information.

Your signature on this form indicates that you have read and understood this information.

Student's Signature: _____

Date: _____

This section authorizes NBCC to disclose specific information to specific parties.

I authorize NBCC to:

	Specify Contact Name/ Relationship	Financial Information
Authorized person / Parent, spouse, etc.		
Professional / Spouse		
Potential Employers/ Companies	i.e.: Horizon Health	Proof of Immunization

Notes: The following information is required for the following: academic skills; interpersonal skills; any relevant information that is relevant to the survey.

I authorize the disclosure of my information to the NBCC. I understand that this consent is valid for the purpose of the survey.

Student's Signature: _____

Date: _____

This consent is obtained in accordance with section 2(2) of the Protection of Personal Information Act (PIPA) and NBCC policy 1308 - Student Privacy.