



Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

PERSONAL INFORMATION (please print)

Last Name	First Name	Student ID #
Phone Number	Email Address	
Permanent Home Address		
City	Province	Postal Code

I, _____, hereby authorize Lakeland College employees to request and receive information from or forward and discuss information to/with the following parties which by law, or otherwise, might be considered to be confidential or privileged.

Name: _____

Phone Number: _____

Email Address: _____

Relationship: _____

Check all that apply:

- ☐ My Financial and Student Account Status
- ☐ My Admission Status
- ☐ My Grades at Lakeland College or those used for Entrance Status
- ☐ My Personal Data (includes addresses, phone numbers, email addresses)

By signing this form I understand that:

- I am not required to provide this consent should I choose not to do so and that consent may be withdrawn at any time at my written request.
- This consent does not authorize a third party to submit complaints, appeals, or discuss my academic standing with College staff on my behalf as an adult learner.
- I also understand that this consent is valid to the end of the current academic year, which is June 30, unless I specify otherwise here:(yyyy/mm/dd):_____

Signature: _____

Date: _____