

**AUTHORIZATION TO RELEASE INFORMATION**  
**Student Consent for Education Records to be Released to**  
**Vocation Directors or Other Tuition Provider(s)**

**Student's Name:**

**Student ID#:**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ:**

In accordance with the Freedom of Information and Protection of Privacy Act, the undersigned student hereby permits Newman Theological College to disclose the information specified below to <sup>1</sup>:

\_\_\_\_\_

\_\_\_\_\_

to enable them to follow the student's progress. This consent shall be valid throughout the student's enrollment at Newman Theological College but may be modified or rescinded in writing by the student.

**INFORMATION TO BE RELEASED:**

The following information from my records at Newman Theological College may be released to the above-specified persons:

- \_\_\_\_\_ Grades and academic standing
- \_\_\_\_\_ Academic information of any kind
- \_\_\_\_\_ Discipline records
- \_\_\_\_\_ Tuition and fee status
- \_\_\_\_\_ Other, please specify:
- \_\_\_\_\_ All records or information

I have read and understand the contents of this consent form.

**Student's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Student should insert the name of vocation director/prefect of studies, Rector and members of formation team or other tuition provider(s) to whom the student wishes to grant access to his/her records.