

Columbia College Release of Personal Information Waiver

<p>NOTE: <i>Must; Shall; Will:</i> <i>Should:</i> <i>May or Could; Can:</i></p>	<p>Clarification of Terms These words or phrases indicate actions or activities that are <i>essential or mandatory</i>. This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.</p>
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Section One: Personal Information

Student ID #:		Password:	
Name:			
	Last	First	Middle

Section Two: Consent

Person/Organization #1

I hereby authorize Columbia College personnel to release the following information about me in compliance with privacy legislation and the College's privacy policy:

Information to be released:

<input type="checkbox"/> Financial Information	<input type="checkbox"/> Courses & Grades (transcripts, etc.)
<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Personal Information (Address, Phone #, E-mail)
<input type="checkbox"/> Attendance	<input type="checkbox"/> Admissions Information
<input type="checkbox"/> Appointments (Time & Content)	<input type="checkbox"/> Full Disclosure (Entire file including correspondence)
<input type="checkbox"/> Other:	

This information may be released to:

Last Name	First Name	Relationship
Organization Name (if applicable):		

This information can be released for the purpose of:

<input type="checkbox"/> Child care emergencies & other emergencies	<input type="checkbox"/> Support in the educational process
<input type="checkbox"/> Other:	

Person/Organization #2

I hereby authorize Columbia College personnel to release the following information about me in compliance with privacy legislation and the College's privacy policy:

Information to be released:

<input type="checkbox"/> Financial Information	<input type="checkbox"/> Courses & Grades (transcripts, etc.)
<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Personal Information (Address, Phone #, E-mail)
<input type="checkbox"/> Attendance	<input type="checkbox"/> Admissions Information
<input type="checkbox"/> Appointments (Time & Content)	<input type="checkbox"/> Full Disclosure (Entire file including correspondence)
<input type="checkbox"/> Other:	

This information may be released to:

Last Name	First Name	Relationship
Organization Name (if applicable):		

This information can be released for the purpose of:

<input type="checkbox"/> Child care emergencies & other emergencies	<input type="checkbox"/> Support in the educational process
<input type="checkbox"/> Other:	

I understand that my written consent will remain in effect for one year from the date of this request or until I notify Columbia College personnel to cancel it.

I understand that Columbia College will not release any information to the third parties identified above unless the party is able to provide Columbia College with the client's password.

I understand that the specific information referenced on this form is being released to a third party at my request with the understanding that s/he will not release it to any other parties.

Columbia College is hereby released from all legal responsibility or liability for the release of the above-mentioned information.

Student's Name (Printed): _____

Student's Signature: _____

Date: _____

Students are advised to keep a copy of this consent form with their records and to inform all third parties mentioned above of the password.