



Student Information Release Waiver

The British Columbia *Freedom of Information and Protection of Privacy Act* provides that Royal Roads University may not release any information pertaining to student records to anyone other than the student owner of the record without the student's consent.

If you want any other person to have access to your student records you must:

- Complete the relevant portion of this form; and
- Submit the completed form in person, by mail or fax to the attention of the Student Accounts Office.
- If submitting with a sponsorship application form, please forward it directly to Student Accounts by fax to 250-391-2554 or email to studentaccounts@royalroads.ca

| | |
|---------------|-----------------|
| Student Name* | Student Number* |
|---------------|-----------------|

Please indicate what information can be provided:

Yes No

RRU Transcripts or Statement of Grades

Student Financial Account details

Course Schedule

Registration Changes
(ex. status changes, confirmation of enrollment/graduation etc.)

Financial Loan and Award Funding Details

Application Details (ex. Status updates/changes, admissions decisions)

Medical

Other (please specify) _____

Please indicate which individual(s) are approved to receive the above information:

| Name | Title/Role |
|------|------------|
| | |
| | |

This consent becomes effective from _____ to _____
(DD/MMM/YY) (DD/MMM/YY)

Or, for the length of the program _____ to _____
Program Start (DD/MMM/YR) Program End (DD/MMM/YR)

Signature: _____ Date: _____

Date of Birth*: _____ Day Phone: _____

Please return the **original signed** form to Royal Roads University, to the attention of _____ at the following address:

Contact Information:
Student Accounts Office
Royal Roads University
2005 Sooke Road, Victoria, BC V9B 5Y2

Phone: 250-391-2600 Ext 4282
Toll-free (North America): 1-800-788-8028
Fax: 250-391-2554
Email: studentaccounts@royalroads.ca

Website: <http://www.royalroads.ca/prospective-students/tuition-and-fees/student-accounts>

I understand that when disclosed, the information in these records will be used by the third party named above for the administration of my academic and financial account with Royal Roads University.

The form meets the requirement for consent under the *Freedom of Information and Protection of Privacy Act* and Regulations. You may rescind or amend your consent in writing at any time, except where action has been taken in reliance of this authorization. It is the student's responsibility to advise Royal Roads University directly should the above relationship change during the time period identified.

*This information must be included. The Student ID# and Date of Birth are needed to confirm your identity. We may also need to contact you via telephone for the same purpose or for other related enquiries.

This form is for routine requests for personal information where there is an established procedure within Royal Roads University. Non-routine personal information disclosure is considered to be a formal information request through Royal Roads University's FOIPOP office.

Website: <http://www.royalroads.ca/prospective-students/tuition-and-fees/student-accounts>