



AUTHORIZATION TO EXCHANGE INFORMATION WITH A THIRD PARTY

College policy considers all student records [information] to be the confidential personal information of the student. With the exception of information sharing within the College and to authorized government departments and agencies, the exchange of information with a third party can only be permitted with the written authorization of the student using this form. Exchange of information includes the release of information to a third party, obtaining information from a third party and the discussing of information with a third party. The student must specify on this form to whom the information can be exchanged and the details of the information to be exchanged.

Note to parents/guardians/spouses: The College cannot share/discuss a student's progress or status unless he/she has provided authorization through the completion of this form.

I, _____,
(Please print)

hereby authorize (grant permission to) Holland College to: _____ Release to the following
 _____ Obtain from the following
 _____ Discuss with the following

Unless otherwise indicated in the Information Details section, this release covers my entire file.

Please provide name, address and relationship of the individual(s) that this authorization for information exchange covers. (If the person(s) represent(s) an organization, please identify the job title and organization.)

Information Details:

If this release is only intended to cover specific information, please provide details of the information exchange covered. Be specific as to what information is **COVERED** or **EXCLUDED**:

I hereby agree to exonerate, indemnify and hold Holland College, its affiliated institutions and partners, and their respective officers, directors, employees, agents of the College harmless from and against any and all obligations or liabilities which I may incur as a result of the exchange of information as described on this form to such person or persons identified on this form.

I hereby agree that this document is binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death or incapacity. I hereby acknowledge that I have read this document prior to signing it, that I have had an opportunity to obtain such legal advice as I deem appropriate, and I am aware that, by signing this document, I am giving up certain legal rights which I or my heirs may have against Holland College, its affiliated institutions and partners, and their respective officers, directors, employees, agents and any volunteers involved in the College.

I understand that my authorization will remain effective for **THREE YEARS** from the date of my signature unless I revoke this authorization in writing.

Student

Signed: _____ Date: _____

Name: _____ Student ID #: _____
(Please Print)

Received by: (College official – eg. Instructor, clerk, administrative assistant, counsellor)

Signed: _____ Date: _____

Name: _____
(Please Print)

Notes: Received by section not required when form is submitted through the Holland College Dashboard

Signed copy to be retained in the student's file for at least one year after the student exits