

SIAST Kelsey Campus
Idylwyld & 33rd Street
PO Box 1520
Saskatoon, SK S7K 3R5
Fax: (306) 933-7226

SIAST Palliser Campus
Saskatchewan St & 6th Ave NW
PO Box 1420
Moose Jaw, SK S6H 4R4
Fax: (306) 694-3094

SIAST Wascana Campus
4500 Wascana Parkway
PO Box 556
Regina, SK S4P 3A3
Fax: (306) 798-1377

SIAST Woodland Campus
1100-15th Street East
PO Box 3003
Prince Albert, SK S6V 6G1
Fax: (306) 953-7160

The Local Authority Freedom of Information and Protection of Privacy Act guarantees that information of a personal or confidential nature will be restricted from public access. For more information about this Act, contact Sylvia Dycer, SIAST Privacy Head, at dycer@siast.sk.ca.

SIAST applicants and students are required to complete and sign a Consent form if they wish to permit SIAST to **release** personal information or to **provide** an employment reference to anyone outside SIAST. Applicants and students are also required to complete and sign this form if they need SIAST to **obtain** personal information about themselves from an external party.

Completed forms are maintained on file by Registration Services or the program, as applicable. They may be shared with other SIAST faculty and/or professional services staff as required for administrative purposes.

*** The consent provided herein is in effect until SIAST is notified otherwise by the applicant or student in writing ***

Full Name of Applicant or Student: [First, Middle, Last]			
SIAST ID Number: [if applicable]		and/or	Date of Birth: [Month, Day, Year]

1. CONSENT TO RELEASE INFORMATION TO AN EXTERNAL PARTY

I hereby permit SIAST to **release** my personal information to the person(s) named below (*Examples: parent, sponsor, licensing body*). This information shall **include only** the following type(s). (Check only as applicable):

Admission/Registration
 Financial
 Academic Progress (*example: grades*)
 Attendance
 Educational/Equity Provisions (*e.g. learning assistance, reserved seating*)
 Other *

*If Other, please explain: _____

Name:		Address:		Phone:	
Name:		Address:		Phone:	
Name:		Address:		Phone:	

2. CONSENT TO OBTAIN INFORMATION FROM AN EXTERNAL PARTY

I hereby permit SIAST to **obtain** my personal information from the person(s) named below (*Examples: parent, sponsor*). This information shall **include only** the following type(s). (Check only as applicable):

Admission/Registration
 Financial
 Other*
 *If Other, please explain: _____

Name:		Address:		Phone:	
Name:		Address:		Phone:	

3. CONSENT TO PROVIDE A REFERENCE TO POTENTIAL EMPLOYERS

I hereby permit SIAST to **provide** a reference for me to potential employers

SIGNATURES REQUIRED

Applicant or Student Signature	Date	Witness Signature*
		<small>*Witnesses must be over 18 years of age and cannot be a parent, legal guardian or spouse</small>

* REQUEST TO WITHDRAW CONSENT GIVEN *

I hereby withdraw my consent to SIAST to obtain or release information

Applicant or Student Signature	Date
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