

## Consent to Disclose Personal Information to a Third Party

Your written consent authorizes Advanced Education to disclose your personal information to a designated individual in accordance with s.40(1)(d) of the *Freedom of Information and Protection of Privacy Act* (Alberta). If you have any questions regarding the disclosure of information, contact the Alberta Student Aid Service Centre toll free at 1-855-606-2096 from anywhere in North America. You can also mail your questions to Alberta Student Aid, Privacy Officer, PO Box 28000 Stn Main, Edmonton AB T5J 4R4.

Use this *Consent to Disclose Personal Information to a Third Party Form* to give Advanced Education permission to **share** your personal information with a third party. If you want to give a third party permission to **take action** on your behalf, complete a Power of Attorney Form. If you are studying outside of Canada, submit this form **before** you leave Alberta. Give a completed copy to the authorized third party and keep a copy for your records.

**To complete a fillable form:** 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.

### Authorization Information

Alberta Student Number

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I, \_\_\_\_\_  
Student's Full Legal Name (first name, middle initial, last name)

authorize Advanced Education to disclose information, including my personal information, to:

\_\_\_\_\_ (the "Third Party")  
Full Legal Name (first name, middle initial, last name) of person to whom information will be disclosed

about:

- all information on my student aid file      **OR:**  only the current status of my student aid application(s)  
 only my disbursement and/or my repayment schedule  
 only the following information on my file:

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**Notwithstanding the authorization above, I do not consent** to Advanced Education disclosing the following information to the Third Party (list any particular pieces of information that you do not authorize the Third Party to obtain, e.g. do not share my income from my tax return, previous application history, etc.):

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I understand this form does not permit the Third Party named above to take any steps regarding management of the information of my student aid file or to give information or instructions to Advanced Education on my behalf.

- This consent is valid until:  the completion of my current funded study period  
 a specific expiration date: (e.g. the expected end date of your program.)

Day	Month	Year

Note: The maximum time that this consent can be valid for is 10 years. If you do not select an option, your consent will expire 365 days from the date you sign, below.

You may withdraw this consent at any time by sending a request to do so in writing to Alberta Student Aid.

Signature of Student

X SIGN HERE
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Today's Date

Day	Month	Year

**Send documents electronically:** 1. Visit [studentaid.alberta.ca](http://studentaid.alberta.ca) 2. Sign in to your account 3. Submit securely using Upload Electronic Document(s)  
**Or mail to:** Alberta Student Aid, PO Box 28000 Stn Main Edm AB T5J 4R4