



ALBERTA COLLEGE OF ART + DESIGN

DISCLOSURE CONSENT FORM

REGISTRAR'S OFFICE

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This form serves as a consent form for release of confidential student information.

NAME / ID NUMBER / MAJOR

first

middle

last

ACAD ID number

major

CURRENT ADDRESS

street / box office

city

province

postal code

phone

email

Last date to send correspondence to this address (DD/MMM/YY): ____ / ____ / ____

AUTHORIZATION

I, the undersigned, authorize the release of my official educational records and information relating to their use to the following:

Name: _____ Relationship: _____

For the purpose of: (please specify):

SIGNATURE: _____ DATE: _____