



Consent to Disclose Financial Account Information to a Third Party

I, _____
Print Student's Full Legal Name (first name, middle initial, last name)

STUDENT NUMBER (7 digit number) _____

authorize The Nipissing University Finance Office _____

to disclose information regarding my student Financial Account _____

to: _____ **D.O.B:** _____
Print Full Legal Name (first name, middle initial, last name) and Date of Birth of person
to whom information will be disclosed.

This authorization is valid for: Five (5) years starting from when I submit this consent.

Relationship of authorized person to student: _____

I understand I can either amend or revoke my consent for the person(s) named above at any time. Such amendments must be submitted to the Finance Office in writing.

Signature of Student : _____

Date: _____

PROTECTION OF PRIVACY

The information on this form is collected under the authority of the Nipissing University Act, 1992. The University uses relevant personal information on this form to allow a designated third party to access information regarding a student's fee account at Nipissing University. The personal information will remain on file within the Student Financial Services Office. If you have any questions about the collection, use, and disclosure of this information please contact the Student Financial Services Office, Nipissing University, Box 5002, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3450 ext. 4297.

***ENTERED INTO STRK: Date: _____ BY: _____