



## Consent to Disclose Academic/Personal Information

I, \_\_\_\_\_, give permission to the staff in the Academic Advising Department, for Nipissing University, to discuss any of the following particulars of my academics:

*Please initial where appropriate:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> All                   | <input type="checkbox"/> Course Failures   | <input type="checkbox"/> Letter of Permission Requests |
| <input type="checkbox"/> Academic Difficulties | <input type="checkbox"/> Courses Selection | <input type="checkbox"/> Course Overload Requests      |
| <input type="checkbox"/> An Academic Petition  | <input type="checkbox"/> Degree Planning   | <input type="checkbox"/> Program Planning              |
| <input type="checkbox"/> Academic Probation    | <input type="checkbox"/> Grades            | <input type="checkbox"/> Special Exam Requests         |
| <input type="checkbox"/> Academic Progress     | <input type="checkbox"/> Grade Appeals     |  |

*Or the following:*

*Exclusively, to the following person(s):*

- Case Worker (Name): \_\_\_\_\_
- Family Member (Name): \_\_\_\_\_
- Parent (Name/Names): \_\_\_\_\_
- Other (Name): \_\_\_\_\_

*Additional Information:*

\_\_\_\_\_  
Signature of person giving consent

\_\_\_\_\_  
Date

**Protection of privacy**

The information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to support your request for a *Consent to Disclose Academic/Personal Information*. The information will be disclosed to the staff in the Academic Advising department. If you have any questions about the collection, use, and disclosure of this information please contact the Academic Advising Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, 705.474.3461 ext. 4358.