



Consent to Disclose Financial Account Information to a Third Party

Student's Name _____

NU student number _____

I authorize the Nipissing University Finance Office to disclose information regarding **my student Financial Account** to the person listed below.

Authorized Person's details:

Full Legal Name (First, middle initial, last name) _____

Date of Birth _____

Relationship to student _____

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

I understand that 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.

Student's Signature _____

Date _____

PROTECTION OF PRIVACY

Nipissing University respects the privacy of its students, faculty, staff, alumni and donors and will make every effort to protect the personal information that is collected, used or held by the University.

To ensure that all personal information is dealt with appropriately, Nipissing University will comply with its responsibilities under Ontario's Freedom of Information and Protection of Privacy Act (FIPPA). In addition to ensuring the protection of personal information, FIPPA also gives individuals the right to request access to University-held information. This information includes general records and records containing an individual's own information.

The Office of the Vice-President, Finance & Administration, as delegated by the President and Vice-Chancellor, has primary responsibility for administering FIPPA. The Access & Privacy Officer can be reached in Room F313-C, via telephone at (705) 474-3450 ext. 4307, or via email at fippa@nipissingu.ca.

Office Use only:

Entered into STRK: Date: _____ by: _____

This form should be dropped off in person at the Finance Office (F216) or, if that is not possible, emailed to finance@nipissingu.ca from your student email account.