

PLEASE PRINT LEGIBLY IN INK

DATE _____

Last Name

First Name

Middle Name

Street, RR or Box Address

Town/city

Postal Code

Georgian College Student Number

Date of Birth (YYYY/MM/DD)

College Course Name & Course Code

Campus/Location

Important Note:

Withdrawals made before the start of the second dual credit class will not appear on transcripts. Withdrawals are not accepted after that date and will result in marks to that point showing on college and high school transcripts.

Pursuant to sections 21(1) and 42 of the Freedom of Information and Protection of Privacy Act, I authorize Georgian College to release the following personal information to the principal and guidance office of my secondary school. This will, in addition, authorize the principal to collect and distribute such information. This will include student name and academic records. This authorization will remain in effect for the 2011-2012 academic year. For further information about the information requested on this form or the purpose for which the information will be used, contact the Registrar at 705.728-1968; for more information about Freedom of Information, please contact the Freedom of Information Coordinator at 705.728-1968 extension 1633.

Student Signature

Office use only:

School Mident: _____

CRN: _____