

Consent to Release and Share Information

I, _____, (student number: _____), give permission to the Office of Student Conduct and Academic Integrity to communicate with the following Langara personnel:

Name: _____

Name: _____

And/or the following:

Name: _____

Phone: _____

Email address: _____

Mailing address: _____

Relationship to student: _____

Regarding:

This consent will remain in effect until: _____

(Note: the release is not valid without an expiration date)

I am aware that I may revoke this consent at any time by notifying you. I am also aware that I may review any information shared. I understand and agree that a reproduction of this authorization will be valid and accepted with the same authority as the original.

Student Signature: _____

Date: _____

The Office of Student Conduct and Academic Integrity collects personal information under the authority of the Freedom of Information and Protection of Privacy Act, section 26(c) for the purpose of addressing academic and non-academic student behaviour and will use it for this purpose. Information is maintained in an online case management system located in Canada. For questions about the collection, use and disclosure of your personal information, contact the department at studentconduct@langara.ca.