CONSENT TO RELEASE INFORMATION TO A THIRD PARTY

Purpose
This consent form pertains to the transfer of documents and/or specific, clearly defined personal information in a student's file to a third party. The purpose of this form is ***not*** to provide blanket access to your student file and/or to have a third party represent you during your studies at Concordia University.

With this form, you can request that we send information to a person and/or organization. In order to communicate with a third party regarding a student's personal information, we must validate the identity of the student concerned beforehand for each call and/or interaction.

Scope
By completing and signing this form, you authorize the release of the information and or documents explicitly identified herein. The consent ends once the information and/or documents have been sent to the third party.

Instructions
Please fill in the information on Page 2 and be *precise* regarding the documents and/or information to be transferred. Consent forms providing blanket consent (i.e., access to your entire file) will not be accepted.

The form **must be provided** to us by the student named in Section 1.

Once signed, there are **three options** for providing us with the form:

(1) upload the form to your student file using the Upload Document feature;
(2) send it to the staff member and/or department concerned using an email address that Concordia has on file for you;
(3) provide it to the staff member and/or department concerned in person and show your student ID.

Please Note: Once this form is provided to us or uploaded to your student portal, it may take up to **24 hours** to appear in your file.

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Section 1. Student Information

Student Name: _____ Student ID: _____

Email address: _____
(on file at Concordia)

Section 2. Third party Information
(of a person and/or organization)

Name: _____ Phone Number: _____

Email address: _____ Address: _____

_____

Section 3. Information and/or documents to be transferred
(Please be precise. Imprecise forms will not be accepted as valid consent, nor will forms granting access to all information in your file)

_____

By signing this form, I (the student named in Section 1) hereby authorize the transfer of the documents and/or information listed in Section 3 to the third party designated in Section 2.

☐ I declare that I have made this authorization voluntarily and the information on this form is true and correct.

This consent is valid for a period of **3 months** from the date of signing.

Signature _____

Date _____