



## Authorization of a Representative

If you wish to designate a representative to be given access to your personal information held by Continuing Education, or to carry out certain transactions on your behalf, you must complete this form.

### STUDENT INFORMATION (please print clearly)

Last Name	First Name	Student ID #
Email	Phone Number(s)	Date of Birth: DD/MM/YYYY

### REPRESENTATIVE'S INFORMATION

Name/Organization	Signature
Email	Phone Number
Address	

**1) I authorize the person/organization named above to be given access to my information as specified below, pertaining to Continuing Education at the University of Calgary.**

#### INFORMATION TO BE RELEASED TO REPRESENTATIVE (check all that apply):

- Academic Record (registration, admission, grades)  Financial (fees, awards)  All Inquiries  Other (specify below)

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Duration of release \*

- One time only  From date of signing below until DD/MM/YYYY: \_\_\_\_\_

\* Unless otherwise stated, this authorization will expire one year from the time of signing.

**2) I authorize the persons/organizations named above to carry out the transactions specified below on my behalf, pertaining to Continuing Education at the University of Calgary.**

**TRANSACTIONS TO BE CARRIED OUT BY REPRESENTATIVE** (check all that apply)

Order Transcripts  Pick up Certificate  Enrollment/Education Verification  Pay Fees  Add/Drop Course(s)  Other (specify below)

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Duration of release \*

One time only  From date of signing below until DD/MM/YYYY: \_\_\_\_\_

\* Unless otherwise stated, this authorization will expire one year from the time of signing.

**I acknowledge that I have read and understood this form. I understand that this authorization is voluntary, and that I may withdraw it at any time in writing by contacting [conted@ucalgary.ca](mailto:conted@ucalgary.ca). No adverse effects will occur if I do not complete this authorization. The authorization will remain on file and in effect while I am a University of Calgary Continuing Education student for the selected duration. This authorization must be signed to be valid.**

**Note: The representative you have elected will be required to provide government issued photo identification for in person requests.**

Student Signature	Date: DD/MM/YYYY
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This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to document your request to share your personal information with the named representative. If you have any questions about the collection or use of this information please contact Continuing Education at 403-220-2866.