Continuing Education



Last Name

2500 University Drive NW Calgary, AB, Canada T2N 1N4 conted.ucalgary.ca 403-220-2866

Student ID #

Third Party Authorization

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. The form must be submitted through the application via your student profile. If you are unsure if you have a profile or are having trouble accessing your account please contact conted@ucalgary.ca, do not create a new profile.

First Name

STUDENT INFORMATION (please print clearly)

Email	Phone Number(s)	Date of Birth: DD/MM/YYYY
REPRESENTATIVE'S I	INFORMATION	
Name		Organization (if applicable)
Email		Phone Number
Address		
Information to be rele ☐ Academic Record (re Transactions to be allo ☐ Order Transcripts ☐ Duration of release*: ☐ One time only ☐ F	egistration, admission, grades) bwed: Pick up Certificate Enrollmen From date of signing below until D	Financial (fees, awards)
that I may withdraw it do not complete this a Calgary Continuing Edu	t at any time in writing by contact authorization. The authorization v	rm. I understand that this authorization is voluntary, and ting conted@ucalgary.ca . No adverse effects will occur if I will remain on file and in effect while I am a University of duration. This authorization must be signed to be valid. ia your student profile.
•	-	ired to provide government issued photo identification
for in-person requests	· .	
Student Signature		Date: DD/MM/YYYY
This information is collect	ted under the authority of the Freedo	om 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.