

College of New Caledonia

Information Waiver Form



Please Print

I hereby give permission for the College of New Caledonia to disclose personal information pertinent to my application and studies at the College of New Caledonia to my parent/guardian/sponsor/other person.

Student ID Number _____ Date of Birth _____

Surname _____ First _____ Middle _____

Parent/guardian Name _____

Sponsor Organization _____

Employer Contact Name _____

Other Name _____

Please allow the designated person to access the following information from:

(Start date) _____ to _____ (End date)
(day/month/year) (day/month/year)

NOTE: if no end date is listed on this document then the end date will be one year from the start date listed

Grade Information Registration Information Application/Waitlist Status

Financial Information

Other (please specify) _____

Student Signature _____ Date _____

The purpose of the personal information collected on this form is to respond to your request for release of your personal information. College of New Caledonia collects personal information on students to fulfill its mandate in the educational process and in compliance with the Freedom of Information and Protection of Privacy Act of BC. Personal information is any information that enables identification of an individual such as name, address, telephone number or any identifying number or symbol assigned to you.

RETURN TO:

College of New Caledonia
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Prince George, BC
V2N 1P8 Canada
P: 250.562.2131
TF: 1.800.371.8111
registrarsoffice@cnc.bc.ca

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P: 250.997.7019
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V0J 3A2 Canada
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