

Student Consent Form

Appointment date:

Consultant:

RELEASE OF CONFIDENTIAL INFORMATION

Name:

Program Enrolled:

Date of Birth:

Phone:

Student ID:

PURPOSE OF RELEASE

☐ This consent form authorizes **ND Foresight Education Consultancy Inc.** to release confidential information for the following purposes:

1. Assisting in my application for student loans and grants in the Provinces of Alberta, Saskatchewan, Manitoba, British Columbia, Ontario, and Quebec.
2. Accessing my record on MyAlbertaDigital ID to check for updates from Student Aid while the enrollment process is in progress.

DURATION OF CONSENT

This consent is valid until the specified purpose is fulfilled or for a period not exceeding one year from the date of signature. The student may revoke consent at any time by submitting a written notice to ND Foresight Education Consultancy Inc.

STUDENTS RIGHTS

The student retains the right to request a copy of the information disclosed. I understand that my confidential information is protected under privacy laws and cannot be disclosed without my authorization unless required by law.

AGREEMENT

By signing below, I, _____, hereby authorize ND Foresight Education Consultancy Inc. to release the confidential information specified above to the individual or organization named. I have read and understood the terms of this consent, and I am signing it voluntarily.

CLIENT'S SIGNATURE:

CONSULTANT SIGNATURE:

Date:

Date:

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Verification of Identity Checked: [] Yes [] No