

# Student Registration and Consent Form



**Instructions:** Please complete this form and submit it to the dual credit teacher at your high school.

Date:

Have you taken a course at Loyalist?  No  Yes

If you answered "Yes" above, please provide your student number :

Last Name:  First Name:  Middle Name:

Date of Birth:   Male  Female  
YYYY / MM / DD

Home Address:

City  Province:  Postal Code:

Home Telephone:  E-mail:

## Secondary School Information and College Course Information

Name of Secondary School:

Loyalist Course Title:  Course Number:

## Release of Information

Personal information on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the application, admission and registration process. Information will be shared with the Ministry of Training, Colleges and Universities and Ministry of Education and may be shared with individuals, organizations and institutions approved by Loyalist College for program monitoring, research, marketing or funding purposes. Personal information will be retained by Loyalist college and permanently linked with student information databases in order to develop and maintain appropriate policies, programs and funding mechanisms. Questions regarding this form should be directed to Loyalist College – 613-969-1913, or 1888-569-2547, ext. 2569.

I also hereby authorize Loyalist College to photograph and/or videotape me, and to publish or broadcast such photograph(s) or video(s) of me through various media, including the Internet or multimedia products. I understand and agree that Loyalist college is not responsible for the misuse or alteration of any such photographs and/or videotapes by third parties. I hereby release Loyalist College and any of its officers, directors, agents, employees or servants from any and all actions, claims, loss or causes of action arising from the use or misuse of such images.

I,  (Student Name)

AGREE to the release of my personal information as outlined above

DO NOT AGREE to the release of my personal information as outlined above

Student Signature:  Date:

Parental Signature:  Date:

*(If student is under the age of 18)*