



**Nova Scotia
Agricultural
College**

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THIRD PARTY RELEASE INFORMATION

Family Name	First Name	Middle Name
Student ID		Phone Number
Email Address (Former students only; current students must use current NSAC e-mail)		

Pursuant to the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection and Electronic Documents Act*, I, _____
Authorize Nova Scotia Agricultural College to provide and disclose, to the agent, Family or
Organization listed below, the following information: (check all that apply)

- Application and Admission Information
- Academic Information (final grades)

To: _____
(e.g. Agent, Family Member, Organization)

Contact Information of Agent, Family Member, Organization: (Mailing address and E-mail)		
Address		City/Town
Province/State	Country	Postal/Zip Code
Email Address		

Student Signature _____

Date _____

Registry Signature _____

Date _____