**InnoTech College**
4014 Macleod Trail SE
Calgary, Alberta, Canada, T2H 2Z9

Phone: 1.888.781.3340
Email: info@innotechcollege.com

**Student Information Release Form**

**THIS FORM AND AGREEMENT IS TO BE COMPLETED BY THE STUDENT**

**I, _____ _____ _____**

Family/Last Name | Given/First Name | Date of Birth (MM/DD/YYYY)

*Please write names as they appear on your passport*

**HEREBY AUTHORIZE**

☐ **My Agent** ☐ **Other** ☐ Male ☐ Female

_____ _____ _____ _____ _____

Agent # | First name | Last name | First Name | Last Name

_____ _____

Company | Address

_____ _____

Address

_____ _____ _____ _____

City | Province/State | Country

_____ _____ _____ _____ _____

City | Province/State | Country | Postal/Zip Code | Telephone

_____ _____ _____

Postal/Zip Code | Telephone | Email

_____ _____

Email | Relationship to Student

To act on my behalf in all matters concerning my application for admission to Elevated Learning Academy. By completing this Student Information Release Form, I am authorizing InnoTech College to release my personal information to the person(s) I have authorized to act on my behalf concerning my application for admission to InnoTech College, including all international matters. My signature on this form confirms my acknowledgement and understanding of this notification. InnoTech College assumes no responsibility or liability for the use of my personal information by those I have authorized.

**Student Signature: _____ Date: _____**
(MM/DD/YYYY)