

NAIT OFFICE OF THE REGISTRAR

Phone: 780.471.6248 Toll Free: 877.333.6248 Fax: 780.471.8426

APPRENTICE DISCLOSURE OF PERSONAL INFORMATION AND AUTHORIZATION

l,	, (insert name of appren t	ticeship student) authorize the
Northern Alberta Institute of Technology (NA		
Status of my registration		
Account information including – account	nt balance and funding	
Attendance information		
Other (please specify):		
To my employer,	(ii	nsert name of employer).
I further authorize NAIT to accept instruction	s from my employer named a	above, with respect to:
Registering, transferring and/or cancel Other (please specify):		
This authorization is effective from the date i the Registrar in writing that it is no longer val but until it is revoked in writing it is valid and	lid. I understand that I may r	
Apprenticeship ID Number:	Date of Birth	ı:
Student Signature:	Date:	
Employer Declaration		
norcenal information regarding the above no	 ,	onfirms that it will not request
personal information regarding the above na the student in the event that the student has confirms that NAIT reserves the right to conf instructions received by the employer to can-	ceased employment with the irm but shall not be required	e employer. The employer also to confirm with the student, any
	Signature	

How to submit form

- Scan a copy of your completed form and upload using the <u>Contact Form</u>. Select "Form Submission" tile and then "Disclosure of Personal Information".
- In person at the Student Service Center (CAT 180 Main Campus)