



## ACCESS TO PERSONAL INFORMATION REQUEST FORM

1. Please **PRINT** clearly
2. This form **MUST** be signed by the student in order to be processed
3. If you require a transcript to be sent to more than one address, you must complete this form for each destination.

**Complete this form and send it to the attention of:**  
 Privacy Officer, Institute of Communication Agencies  
 By Mail: 2300 Yonge Street Suite 3002, Box 2350,  
 Toronto, Ontario M4P 1E4  
 By Fax: (416) 482-1856

### Name and Address of Student

Name:	
Other Names Used, if applicable:	
Phone Number:	
Email:	
Address:	

### Course Information

Course Name: \_\_\_\_\_  
 Year(s) Enrolled: \_\_\_\_\_ City: \_\_\_\_\_

<b>Type of Transcript (Check one ONLY)</b> <input type="checkbox"/> Official Copy Issued to Student <input type="checkbox"/> Official Copy in Sealed Envelope	<b>Identify Which Information is to be Disclosed:</b> <input type="checkbox"/> Confirmation of Enrolment <input type="checkbox"/> Confirmation of Completion <input type="checkbox"/> Confirmation of Awarded Certification/Designation <input type="checkbox"/> Course Grades <input type="checkbox"/> Proof of Payment
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NOTES (Use this section for additional information you wish to provide):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Release of Information to Third Party

If you wish to have personal information released to a third party (employer, educator, etc.) you must complete the following information.

<b>Send Information to:</b> <input type="checkbox"/> Mail Transcript(s) to me at Address Above <input type="checkbox"/> Mail Transcript(s) to Address Below <input type="checkbox"/> Pick Up	Name and Title:	
	Company:	
	Address:	

I authorize and direct that the ICA forward the information requested to the party identified above. I expressly consent to the disclosure of my personal information as described above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature