



Collège communautaire du Nouveau-Brunswick Consent for Disclosure of Personal Information

The Collège communautaire du Nouveau-Brunswick (CCNB) must collect personal information on its students for admission and enrolment purposes, graduate follow-up survey, and for other activities related to its training programs. The CCNB then uses this information for the purpose of managing its programs and services, including practicum settings. Students must complete this form if they agree to have their personal information disclosed to outside parties or organizations. The **Right to Information and Protection of Privacy Act (RIPPA)** defines "personal information" as recorded information about an identifiable individual.

Exceptions: There are some circumstances where personal information collected by the CCNB may be disclosed or used without the prior consent of the student, namely to the National Student Loans Service Centre, Sponsorship agency, Canada Border Services, Immigration, Refugees and Citizenship Canada, Sponsorship agency, and in response to a court order or other legal provision.

Student's Name: _____	Student ID: _____
Program: _____	
I hereby authorize the CCNB to disclose the information indicated below:	
Parents or guardians – Write the names of the parents or guardians: _____ lasdjflsakdfj _____	
<input type="checkbox"/> academic and attendance information	
<input type="checkbox"/> financial information	
Potential employers (for employment purposes)	
<input type="checkbox"/> personal information (name, phone number, email address, program/campus, certification of studies)	
<input type="checkbox"/> academic and attendance information	
Government of New Brunswick and/or Government of Canada (for investigative and research purposes, including surveys; this information may be shared with third parties in order to facilitate research. This research is governed by the <i>Labour Market Research Act</i> and will comply with RIPPA and the <i>Personal Information Protection and Electronic Documents Act</i> .)	
<input type="checkbox"/> personal information (name, student ID, date of birth, gender, phone number, email address, program/campus, certification of studies)	
Student association (for the purpose of services offered to the students' community)	
<input type="checkbox"/> personal information (name, student ID, date of birth, gender, phone number, email address, program/campus)	
Association des anciens, anciennes et ami-e-s du CCNB (for membership purposes)	
<input type="checkbox"/> personal information (name, student ID, phone number, email address, program/campus)	
Selection committees and donors for bursaries (for the purpose of assessing an individual's eligibility for a bursary)	
<input type="checkbox"/> personal information (name, student ID, date of birth, gender, phone number, email address, program/campus)	
<input type="checkbox"/> financial information <input type="checkbox"/> academic and attendance information	
<i>Note:</i> Your personal information could also appear in their publications or their Web sites to promote student's bursaries.	
Accreditation or professional certification bodies (for licensing, surveys, certification, membership, bursaries or employment purposes)	
<input type="checkbox"/> personal information (name, student ID, date of birth gender, phone number, email address, program/campus, course of studies)	

PERIOD OF CONSENT: This consent becomes effective immediately and will end five (5) years after the termination of your studies.

SIGNATURE: By signing this form, I authorize the disclosure of my personal information as outlined above (boxes ticked off). I understand that I am not required to provide this consent should I choose not to do so, and that this consent may be withdrawn at any time at my written request to the Registrar's Office of your campus.

Student's Signature: _____ **Date:** _____

It is to be noted, that the CCNB can provide you with information and correspondence not related to your program. For more information, you may contact the Registrar's Office: 1-855-676-2262 / 547-7400 or registrariat@ccnb.ca.



(FAQ)

Why should I sign this Consent of Disclosure?

To allow CCNB to provide your name and some personal information to:

- Be selected to receive a bursary;
- Receive information with respect to student activities; or
- Confirm to a future employer that you have successfully completed your course studies with CCNB.

What encompasses personal information?

- Full name, student ID, date of birth, gender, phone number, email, course studies, your campus and the success of your program.

Which information will be shared?

- The information stated in the preceding question;
- Your performance and your class attendance;
- The Financial aspect, for example, the balance of your account to make a payment, as per the Consent of Disclosure that you have signed

Which agencies can sponsor you?

- Training and Skills Development, Post-Secondary Education, Training and Labour
- Aboriginal Skills & Employment Training Strategy;
- Work Safe NB;
- Veterans Affairs Canada;
- Social Development
- Etc...

What we do if an employer calls to have some of your information?

We will verify if you have ticked off the box « Potential Employers » in order to enable us to share this information. If you have not ticked off that section of the Consent, this information will not be shared. You could lose an employment opportunity.

What happens if I forget to tick off a box?

We will not be able to divulge the information for the box or boxes that are not ticked off. In certain cases, we will not be able to submit or confirm the information requested. You can modify your Consent at any given time.

Who should I contact to evoke or make a correction to my Consent?

You can make a correction to your Consent, in writing, at any given time. You can either visit or communicate with the Registrar's Office of your campus by email at registrariat@ccnb.ca.