



Information Waiver Form for International Students

Please Print

I hereby give permission for SAIT to disclose personal information pertinent to my application and studies at SAIT to my parent/ guardian/ educational consultant (Agent)/ sponsor/ other person.

Student ID Number _____ Birth Date _____ Gender _____

Surname _____ First _____ Middle _____

Parent/guardian Name _____

Agent Name _____

Sponsor Name _____

Other Name _____

Please allow the designated person access to the following information from:

(day/month year) _____ to (day/month year) _____.

Grades Registration Information

Application Status Account Balance

Other (please specify) _____

Student Signature _____ Date (day/month/year) _____

The personal information you provide on this form is collected under the authority of the Post Secondary Learning Act of Alberta and the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). The purpose of this personal information is to respond to your request for release of your personal information. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, please contact:

SAIT International Centre
MA206, 1301 - 16 Avenue NW
Calgary, Alberta Canada T2M 0L4
Tel: (403) 284-8852
Fax: (403) 284-7386
E-mail: international@sait.ca
Website: sait.ca/international