

AURORA COLLEGE

POLICY

Aurora College restricts access to student files.

PRINCIPLES

1. Aurora College acknowledges the importance of maintaining student confidentiality.
2. The College also supports the right of the student to have access to the information on his/her file.

PROCEDURES

1. The student file shall contain the student's complete program application documents, grades and transcript, and may contain other pertinent documents such as class records, contracts, correspondence and progress reports.
2. All student files shall be maintained by the Registrar or designate.
3. Every student may personally examine his or her student file and insert written material which addresses the record.
4. The following staff may have access to a student's file without written permission:
 - i. Program Manager or designate
 - ii. Registrar or designate
 - iii. Director of Student Services or designate
 - iv. Director or designate
 - v. President
 - vi. Bursar or designate
 - vii. Aurora College Auditors with Bursar or designate approval

This information may not be used for purposes other than those related to academic matters, and/or student services matters.

5. All student files are to remain in the Registrar's office and/or designated Administrative area.

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6. No information in a student file may be released to an individual or an organization other than those listed in (4) above without the written authorization of the student. A standardized release form will be used at all Campuses. (see Appendix)
7. All information documents put in a student's file must be processed by the Registrar.
8. When a student's file is inactive after five years, the Registrar will arrange for all non-academic and non-credit documents to be removed and destroyed.

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APPENDIX C.16

RELEASE OF INFORMATION

CONFIDENTIAL RELEASE FORM

This is your authority to release all confidential information regarding my program progress, results or attendance to:

Student Signature

Date

In order to provide assistance to get messages from home to get required medical and social services, please sign this release of information which would provide the agencies checked below with your name, address and phone number while at the College.

R.C.M.P. _____
Health & Social Services _____
Other (Please Specify) _____

NAME: _____

ADDRESS: _____

PHONE #: _____