



Consent of Release of Information

This form is your consent **Bow Valley College** and **In-Flight Data Inc.** to share your academic and personal information related to your participation in the **Unmanned Aircraft Systems (UAS) Pilot Certification courses**.

Personal Identification and Contact Information:

First Names: _____	Last Name: _____
Student ID: _____	_____
Email Address: _____	Telephone: _____
Mailing Address: _____	City: _____
Province: _____	Postal Code: _____

The information you provide on this form is collected under the authority of the Colleges Act and the Freedom of Information and Protection of Privacy Act of the Province of Alberta. 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 your information by Bow Valley College, contact the Office of the Registrar, (403) 410-1400.

Formal Consent of Release of Information:

I, _____ (print name), give consent for **In-Flight Data Inc.** and **Bow Valley College** to exchange academic and personal information about me that relates to my participation in the **Unmanned Aircraft Systems (UAS) Pilot Certification courses**.

Signature

Date (MM/DD/YYYY)