



AWARDS PUBLICATION OPT OUT FORM

PLEASE COMPLETE AND FORWARD TO THE
STUDENT SERVICES OFFICE

Student Name: _____

Student Number: _____

Campus: _____

Name of Award(s): _____

- I wish to opt-out of my personal information (i.e., name, community, photo, video and/or program of study) and name of the award(s) from being published by the Donor of the award.
- I wish to opt-out of my personal information (i.e., name, community, photo, video and/or program of study) and name of the award(s) from being published by the College of the North Atlantic.

Dated in the City/Town of _____, in the Province of
Newfoundland and Labrador, this _____ day of _____, A.D., 20_____.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and CNA Foundation are collecting your personal information to process the scholarship application. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

Student Signature: _____

Date: _____

This signed form must be submitted to the Headquarters Awards Office at HQAwardsOffice@cna.nl.ca. A copy will be placed in your personal file at Student Services Office and a copy will be forwarded to CNA Foundation.