

## AWARDS PUBLICATION "OPT OUT" FORM

## PLEASE COMPLETE AND FORWARD TO THE CAMPUS STUDENT SERVICES OFFICE

Stude	nt Name:				
•		•	•	community, photo, and/or indicate you wish to "Opt	
Dated in the City/Town of			, in the Pro	, in the Province of Newfoundland	
and La	abrador, this	day of		, A.D., 20	
Informa out of I do so b informa and usa	scholarship/awar e of the North Atlantic is an e ation and Protection of Priva having your personal informa by law. This personal informa ation will be stored in accorde	cy Act, 2015 (ATIPPA). Student So ation published. It will only be use ation is collected under the auth ance with our normal network and contact the Associate Vice-Presi	g published and/or p ent of Newfoundland and Labra ervices is collecting your person of for this purpose. Personal infority of the College Act 1996 (S d information security measures		
Student Signature:				Date:	
The si	gned form must be	submitted to the Stud	dent Services Office (	at your campus where it	

will be placed in your personal file. A copy of this form will be sent to the Alumni and

Advancement Office (Fax #: 709-758-7222).