



Student Information:

Student Sponsorship Agreement

Last Name

First Name

Academic Year

Program of Study

Enrolment Status:

Olds College Student ID Number

This consent allows the specified person(s) to make inquiries, requests and /or payments on your behalf. The purpose of this section is to allow appropriate Olds College staff and faculty to answer questions about your financial records. This information will not be used for any other purpose. This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to Olds College, 4500 50 Street, Olds, AB T4H 1R6

Please be aware that as per the Freedom of Information and Protection of Privacy Act (FOIP), Olds College will not release any information regarding the student, including academic records unless Olds College is provided a signed Release of Information by the student.

I, _____ authorize Olds College to disclose my financial information to the below named

Student Signature

Date

Sponsor Information:

GST Exemption Number:

Organization Name:

Email Address:

Billing Address:

City:

Province

Postal Code

Phone Number:

Contact name:

PO/Auth/Reference #:

Signature

Date

Your organization will be invoiced for the following fees as indicated by checking the boxes below. Costs can be found on the Tuition & Fees Schedule.

Instructional and Non-Instructional Mandatory Fees

Fall Winter Spring Summer Maximum

	Fall	Winter	Spring	Summer	Maximum
Tuition					
Mandatory Fees					
Health & Dental Plan					

Campus Residence

Housing Fees					
Meal Plan Fees					

Campus Bookstore

Books					
Supplies					