

To complete the Completion of Registration process, you must:

Fully complete and submit this form to the Kailynne Belt-Finance/Registrar via fax (403-220-9567), or e-mail (kaybelt@rockymountaincollege.ca)

Along With:

- A digital image of your face to be used on your Student ID card
- A copy of a piece of government issued photo ID

Please note that until registration and payment are finalized- your registration is not considered complete

For Office Use Only:

	Initials	Date
Registration	_____	____/____/____
Finance	_____	____/____/____

Upon submitting your "Completion of Registration" form and photo, a photo ID card will be created. This card:

- contains your RMC Student Identification Number
- serves as photo identification, providing proof that you are a student, entitling you to certain off-campus student discounts

Information required for student card:

Student ID #: _____

Name of program: _____

Credit hrs in current semester: _____

ID Card Waiver

I understand my Rocky Mountain College Student Identification Card is the property of Rocky Mountain College and must be surrendered upon notification of withdrawal. Replacement cost for lost or stolen cards is \$10.00.

I Accept Date _____

CONFIDENTIAL STUDENT INFORMATION

PLEASE PRINT

Please complete this form in full. This information is confidential and will only be used as appropriate for college purposes. It will not be divulged to outside sources without express permission.

Name _____ Date of Birth _____ / _____ / _____
Last Name First Name month day year

Social Insurance Number _____

PRIMARY ADDRESS

Street or Box Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

Phone Numbers (H) – () _____ (W) – () _____ (C) – () _____

Email: _____

PERMANENT ADDRESS

Street or Box Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

EMERGENCY CONTACT INFORMATION (This person will be contacted if deemed necessary by the College.)

Relationship _____

Name _____

Street or Box Address _____

City/Town _____ Province/State _____ Postal/Zip Code _____

Phone Numbers (H) – () _____ (W) – () _____ (C) – () _____

Email: _____

I permit Rocky Mountain College to:

- use photographs (still or video) of me in college publications (electronic or printed) or for RMC purposes without requiring permission or remuneration

Yes No

- RMC can provide information on my student finance account when requested by

Only the following individual(s) _____ Relationship _____

_____ Relationship _____

To no one unless permission is granted

- RMC can provide information on my student academic account when requested by

Only the following individual(s) _____ Relationship _____

_____ Relationship _____

To no one unless permission is granted

In addition, I understand that in handling my personal information Rocky Mountain College complies with all pertinent privacy legislation and only collects the information that they need to provide service to me and to comply with their legal obligations. My personal information will be stored electronically, accessed only by authorized individuals on a *need to know* basis and may be stored on servers outside of Canada.

I affirm that the information provided on this form is accurate to the best of my knowledge and agree to inform/update college personnel should any of the above information change during my duration as a student, including but not limited to: updating my emergency contact, primary address, and designated permissions as the information provided on this form will remain in effect until the termination of my student status unless I notify the college of the desired change in writing (via email from my college email address or a signed letter).

I Accept **Date** _____

By checking the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.