



CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

This form is for routine requests for personal information where there is an established procedure within the school or department. Non-routine personal information disclosure is considered to be a formal information request through BCIT's Records Management and FOIPOP office, BCIT Library. For such non-routine information request use BCIT's *Request for Access to BCIT Records (LIB-37)* according to BCIT policy no. 6700.

Date			
BCIT Department			
<input type="radio"/> Student Records (Fax 604-431-0817) <input type="radio"/> Admissions <input type="radio"/> Medical <input type="radio"/> International <input type="radio"/> Counselling <input type="radio"/> Financial Aid and Awards <input type="radio"/> DRC <input type="radio"/> School _____ <input type="radio"/> Other _____			
Student Name	Student Number	Date of Birth	Information Release Fee (if applicable) \$

1. Signature

I, _____ (print student name) authorize BCIT to release personal information to the third party indicated below in Part 2. <div style="text-align: center; margin-top: 20px;"> _____ <i>Signature of student</i> </div>
This signed authorization will remain in effect until _____ (date).
Description of personal information to be released (indicate any exclusions or limitations)
How would you like the information to be sent? <input type="radio"/> Mail <input type="radio"/> E-mail <input type="radio"/> Fax <input type="radio"/> Telephone <input type="radio"/> Other _____
Purpose of your request to release personal information

2. Third Party

Indicate where the information should be sent		
Name of Organization	Fax No. or E-mail Address	Phone No.
Address	City	Province
For medical information release, please indicate who will be responsible for paying fees not covered by Medical Services Plan of B.C.		

3. BCIT Office Use

Information sent by (name)	Position	Date
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Retain consent to release with student record within the school or department