



AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION TO SELF

Information Access and Privacy

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Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Sign and submit form

You may make a request for access to records under the Freedom of Information and Protection of Privacy Act without using this form, provided you do so in writing.

Privacy Notice: The information that you provide on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for purpose of responding to you request. If you have any questions about the collection, use or disclosure of this information, please contact Information Access and Privacy at 604.432.8508 or email: privacy@bcit.ca.

I, _____, authorize BCIT to disclose to me my following personal information::

Type of Information (Please be specific)

This consent becomes effective from the following date (dd/mm/yy)

Signature	BCIT ID*
Date (dd/mm/yy)	Date of Birth*
Day Phone*	Email

Complete Mailing Address

BCIT Unit(s) where records are believed to be held

This form meets the requirements for consent in the *Freedom of Information and Protection of Privacy Act*, RSBC 1996 c. 165 ("FIPPA") and Regulations. You may rescind or amend your consent in writing at any time, except where action has been taken in reliance of this authorization.

*This information must be included. The BCIT ID and Date of Birth are required to confirm your identity. We may also need to phone you for enquiries related to your request.