



CONSENT FOR AUTHORIZED AGENT REPRESENTATIVE

International Student Centre

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

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Building SW1-1170

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) Submit to BCIT.

This form is for applicants to BCIT who will receive assistance by a BCIT Authorized Agent Representative. THIS FORM MUST BE SUBMITTED WITH EACH APPLICATION.

SECTION A: AUTHORIZED AGENT CONTACT INFORMATION

Agent Company Name	Agent's BCIT Code
Phone	Agent Email
Agent Signature	Date (YYYY/MM/DD)

*Non-authorized agent, please use "[Consent to Release Personal Information to Third Party](#)" form.

SECTION B: STUDENT INFORMATION

Legal First Name	Legal Family/Last Name
BCIT ID Number	Birth Date (YYYY/MM/DD)

SECTION C: CONSENT

By signing this Consent for Authorized Agent Representative ("Representative"), I am authorizing the above-named Representative to communicate with BCIT on my behalf for the purposes of making application for enrollment as a student at BCIT.

I understand and agree as follows:

- All communications will be sent to both my personal and my.bcit.ca email accounts.
- I authorize my Agent to act on my behalf for admission/registration to BCIT until I am enrolled into BCIT.
- I authorize the Representative to share information about me ("Personal Information") with BCIT for the purposes of pursuing my enrollment with BCIT.
- I authorize BCIT to collect and use my Personal Information from the Representative for the above purposes.
- It is my responsibility to instruct the Representative about what information to share with BCIT, including any categories of Personal Information that I do not wish the Representative to share with BCIT.
- BCIT does not have responsibility for or oversee the Representative in connection with their collection, use or disclosure of my Personal Information, and BCIT is not responsible for the security, privacy or confidentiality of my Personal Information that is within the possession of the Contractor.
- I understand that any questions or concerns about the privacy or security of my Personal Information when in the possession of the Representative should be directed to the Representative.
- I understand that BCIT and the Representative may communicate about or with me using my personal email address and/or a BCIT issued email address. It is my responsibility to update my contact information with BCIT through my.bcit.ca and the Representative if it changes or if I prefer to receive communications using another email account.
- I understand that I am authorizing BCIT and the Representative to engage in exchanges of my Personal Information that might result in the access to or storage of my Personal Information in Canada and other jurisdictions outside of Canada.
- My Personal Information when it is collected, used or disclosed by BCIT is collected under the authority of and subject to protections set out in the British Columbia Freedom of Information and Protection and Protection of Privacy.
- I have reviewed BCIT's Admissions and Registration Privacy Notice at bcit.ca/admission/contact-us/privacy and acknowledge that any questions about BCIT's practices concerning my Personal Information should be directed to Associate Director, Privacy, Information Access and Policy Management, 3700 Willingdon Ave., Burnaby BC, Canada V5G 3H3 email: privacy@bcit.ca

I have read and understood the above statements.

Student Signature	Date (YYYY/MM/DD)
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