



# CONSENT FOR AUTHORIZED AGENT REPRESENTATIVE

International Student Centre

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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) Submit to BCIT.

**AGENTS: THIS FORM MUST BE SUBMITTED WITH EACH APPLICATION.**

## SECTION A

Choose one of the following:

- My agent assisted me with my application but I would like to act on my own behalf. I will receive all communications to my personal email and to the [my.bcit.ca](mailto:my.bcit.ca) account. **Complete sections A,B, C & D.**
- I authorize my Agent to act on my behalf for admission to BCIT until the date specified below. I understand that BCIT communications will be sent to the Agent's email address. My agent is responsible for reviewing and responding communications received to the [my.bcit.ca](mailto:my.bcit.ca) account. **Complete sections: A, C & D.**

First Name	Family/Last Name
BCIT ID Number	

## SECTION B: STUDENT CONTACT INFORMATION

My Agent, identified in Section D, assisted me with my application. I would like to act on my own behalf. I understand it is my responsibility to make sure my personal contact information (address and phone number) is updated through [my.bcit.ca](mailto:my.bcit.ca). Contact me through my personal email below.

Personal Student Email (this will be the primary email for all BCIT communications.)
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## SECTION C: AUTHORIZED AGENT REPRESENTATIVE INFORMATION

The Agent identified in Section D is authorized to receive all of my BCIT correspondence, act as my representative and access all of my educational information. The Agent contact information below is my contact information.

This authorization will be valid until \_\_\_\_\_ (DD/MM/YYYY).

I understand it is my responsibility to update my personal contact information after this date.

Authorized Agent Representative conditions:

- > I understand the Authorized Agent Representative is permitted to represent me up to and including the end date I have selected.
- > I understand all communications will be sent to the agent's email. It is my responsibility to change the email address if I want to receive these communications directly. BCIT recommends that students update their personal contact information (phone and email) as soon as possible.
- > I understand my personal information is protected under the provision of the British Columbia Freedom of Information and Protection of Privacy Act and will be used by BCIT for research and statistical purposes subject to the provisions of the Act.
- > I understand if I wish to extend the authorization period I have selected above, it is my responsibility to submit a new consent form for Authorized Agent Representative.
- > I understand it is my responsibility to update my contact information (email, phone number and address) when authorization period selected above is over.
- > I have read and understood the above statements.

## SECTION D: AGENT CONTACT INFORMATION

Agent Company Name	Agent's BCIT Code
Phone	Agent Email (this will be the primary email for all BCIT communications if you have chosen your agent to act on your behalf)
Agent Signature	
Student Signature	Date

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