



AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION TO A THIRD PARTY

Information Access and Privacy

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

Name of Third Party	Title
Organization / Company	Phone/Cell
I authorize BCIT to disclose the following information (Please be specific):	
I understand that when disclosed, the information in these records will be used for the following purpose:	
This consent becomes effective from the following date (dd/mm/yy)	
Signature	BCIT ID*
Date (dd/mm/yy)ww	Date of Birth*
Day Phone*	Email

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 DOB are required to confirm your identity.