



AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION TO SELF

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bcit.ca

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 without using this form, provided you do so in writing.

Privacy Notice: The collection of personal information provided on this form is authorized under section 26 of the *Freedom of Information and Protection Act* for the purpose of obtaining consent to the disclosure of personal information. Should you have any questions about the collection of this personal information, please contact Associate Director, Privacy, Information Access and Policy Management, 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-time 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.