



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.

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.