



## CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

This form is for routine requests for personal information where there is an established procedure within the school or department. Non-routine personal information disclosure is considered to be a formal information request through BCIT's Records Management and FOIPOP office, BCIT Library. For such non-routine information request use BCIT's *Request for Access to BCIT Records (LIB-37)* according to BCIT policy no. 6700.

|  |                |               |   |
|--|----------------|---------------|---|
| Date   |                |               |   |
| BCIT Department  |                |               |   |
| <input type="radio"/> Student Records (Fax 604-431-0817) <input type="radio"/> Admissions <input type="radio"/> Medical <input type="radio"/> International <input type="radio"/> Counselling <input type="radio"/> Financial Aid and Awards <input type="radio"/> DRC |                |               |   |
| <input type="radio"/> School _____ <input type="radio"/> Other _____   |                |               |   |
| Student Name   | Student Number | Date of Birth | Information Release Fee (if applicable)<br>\$ |

### 1. Signature

|  |
|--|
| <p>I, _____ (print student name) authorize BCIT to release personal information to the third party indicated below in Part 2.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature of student</i></p> <p>This signed authorization will remain in effect until _____ (date).</p> |
| Description of personal information to be released (indicate any exclusions or limitations)  |
| How would you like the information to be sent?   |
| <input type="radio"/> Mail <input type="radio"/> E-mail <input type="radio"/> Fax <input type="radio"/> Telephone <input type="radio"/> Other _____  |
| Purpose of your request to release personal information  |

### 2. Third Party

|   |                           |           |
|---|---------------------------|-----------|
| Indicate where the information should be sent   |                           |           |
| Name of Organization  | Fax No. or E-mail Address | Phone No. |
| Address   | City                      | Province  |
| For medical information release, please indicate who will be responsible for paying fees not covered by Medical Services Plan of B.C. |                           |           |

### 3. BCIT Office Use

|                            |          |      |
|----------------------------|----------|------|
| Information sent by (name) | Position | Date |
|----------------------------|----------|------|

Retain consent to release with student record within the school or department