



CORPUS CHRISTI COLLEGE

THE CATHOLIC LIBERAL ARTS COLLEGE IN VANCOUVER, BRITISH COLUMBIA

THIRD PARTY AUTHORIZATION – INFORMATION RELEASE FORM

Effective from (date) _____ to (date) _____.

I, _____ (print name), hereby give Corpus Christi College permission to release my information to the following people:

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |

about the following items related to my enrolment at Corpus Christi College (check one or more boxes):

| ITEM | ✓ |
|--|---|
| Financial Issues (account balance & transactions) | |
| Grades (Fair Warning & Final) | |
| Speak with my professors about my academic performance | |
| Request transcripts or Confirmation of Enrolment | |
| Other (explain) | |

Signature _____ Date _____

To make any changes to the permissions you have agreed to on this form, you must submit a signed and dated letter to Corpus Christi College stating the amendments you want made.