



CONSENT FOR AUTHORIZED REPRESENTATIVE AND RELEASE OF INFORMATION

Clear Form

STUDENT INFORMATION

Full Name: [text input]

Student ID: [text input] Date Of Birth (DD/MM/YYYY): [text input]

THIRD PARTY INFORMATION

Full Name: [text input]

Address: [text input] Phone Number: [text input]

City/ Province/Country: [text input] Email Address: [text input]

RELEASE OF STUDENT ACADEMIC RECORD AND PERSONAL INFORMATION

I authorize the individual or organization stated above access to the following information:

- Personal info: name, date of birth and student number
- Academic record info: progress, grades, academic standing
- Application and admission information Graduation requirements
- Registration information (incl. current registration status)
- Other (specify): [text input]

RELEASE OF FINANCIAL INFORMATION

I authorize the individual or organization stated above access to the following information:

- Student account balance
- Student awards or loan information
- Tuition and fees assessment
- Other (specify): [text input]

AUTHORIZED REPRESENTATIVE

Please indicate duration of release of information: From date: [text input] To date: [text input]

DECLARATION AND CONSENT

I understand that Corpus Christi and St. Mark's College collects, uses and discloses my personal information in compliance with the provisions of the British Columbia Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 152] and will use the information for research and statistical purposes subject to the provisions of the Act.

I understand that the Authorized Representative is permitted to represent me up to and including the end date I have selected. If I wish to extend the authorization period I have selected above, it is my responsibility to submit a new Consent for Authorized Representative form. Any request to cancel this authorization before the end date I have selected above must be submitted in writing. If I have already submitted a Consent for Authorized Representative form, this form overrides the previous one.

I have read and understood the above statement.

Please send your completed form to enrolmentservices@stmarkscollege.ca or enrolmentservices@corpuschristi.ca.

Student Signature: [text input] Date: [text input]