



# PERMISSION TO RELEASE PERSONAL INFORMATION

In order to comply with privacy legislation and college policy, any student who wishes Okanagan College to release their personal information to a third party must complete and sign this form.

Student Profile		
Student Last Name	Student First Name	Student Number
Address	Phone	
	Email	

To Okanagan College,

Please release the personal information that I have checked below to the following party(ies)\*. Please provide full legal name for each party.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

- name
- phone number(s)
- address
- transcript of academic record
- confirmation of enrolment
- other (please specify): \_\_\_\_\_
- \_\_\_\_\_

The student may rescind or amend this authorization in writing at any time.

Submit the completed form with an original signature to the Registrar.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Examples of who you may want to release to are: employers, spouse, parents, sponsors, HRSDC Employment Insurance Agents, lawyers or doctors