CONSENT TO RELEASE INFORMATION

contained in student academic records

tudent Profile			
	Legal First Name	2:	
Student ID: Date of Birth (dd/mm/yy):			
dd Dolooco (anly one neveen nev			
dd Release (only one person per Name (First and Last):	-		
Relationship to you:	Employer	Family	
Friend	Lawyer	Parent	
School District	Sponsor	Spouse	
Other:			
 Name Current name(s) Address Current address(s) 	program, name, address and studen Transcript of academic record a Official or unofficial transcript and n		ic standing, and
Phone Current phone number(s)	Other:		
Email Current email address(es)			
ffective Dates (maximum 2 years):	From:	То:	
ou may rescind or amend this autho	prization in writing or in your myC	Dkanagan account at any time.	
		ar.	
ubmit the completed form with an	original signature to the Registr		