



# Consent for Release of Information

**Broadway campus**  
1155 East Broadway, Vancouver, B.C. V5T 4V5

**Downtown campus**  
250 West Pender St., Vancouver, B.C. V6B 1S9

You are required to include a valid ID of both the parties on this consent form.

## Personal information

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Student ID

.....  
Last name (family name) First name

.....  
Name while attending VCC (if different from above) Birthdate (DD/MM/YYYY)

.....  
Phone Email

.....  
Calendar year of attendance (YYYY) Name of program/course

Full-time studies  Part-time studies Student type:  Domestic  International

## Release information to:

.....  
Full name of person or agency Relationship

.....  
Phone Email

.....  
Consent effective from: ..... to: .....  
*Consent is effective for one year from the effective date unless it states otherwise.*

.....  
Student signature Date

.....  
Legal guardian signature Date

## Type of consent

- Full record
- Student Information:  
*Academic standing, application status, final grades, Registration status, special needs documentation, disability accomodation.*
- Student Requests:  
*Transcripts, confirmation of enrolment and other letters.*
- Financial Information:  
*Student account balance, student awards, student loan information, tuition & fees assessment.*
- Other (please specify):

Personal information provided for the purposes of releasing information to a third party is collected, protected, used, disclosed and retained in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use and disclosure of your personal information by VCC or the use of this form, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000.