

CONSENT TO RELEASE PERSONAL INFORMATION TO THIRD PARTY

Thompson Rivers University complies with British Columbia's Freedom of Information and Protection of Privacy Act. Under the Act, TRU may not reveal personally identifiable information to parties outside TRU, except as described in TRU's Privacy Statement. As such, this Consent to Release Personal Information to a Third Party authorizes TRU to release personal information to the third party you have named.

1. Student Information

Date: _____	
Student Name: _____	Student Number: _____
Date of birth: _____	

2. Student Signature

I, _____ (print student name)	authorize TRU to release personal information to the third party indicated below.
_____	(Signature of student)
This signed authorization will remain in effect until _____ (date).	
Description of personal information not to be released:	

3. Third Party

Name of Organization: _____	Fax or e-mail: _____
	Telephone: _____
Address: _____	City: _____
Province: _____	Postal code: _____