

Consent to Release Personal Information Form (Third Party)



Enrolment Services
Old Main
805 TRU Way
Kamloops, BC, Canada V2C 0C8
tru.ca
Campus students: records@tru.ca
Open Learning students: student@tru.ca

Thompson Rivers University (TRU) collects, uses, and discloses personal information in accordance with the BC *Freedom of Information and Protection of Privacy Act (FIPPA)*. Pursuant to s.33(2)(c) of FIPPA, TRU is seeking your written consent to disclose personal information to a third party. This form will be kept on file in compliance to TRU's Records Retention Policy. Questions about this consent may be directed to the Privacy and Access Officer at privacy@tru.ca or 250-828-5012.

STUDENT PROVIDING CONSENT (PRINT CLEARLY)

SURNAME (legal)	
FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)

TRU STUDENT NUMBER

DATE OF BIRTH (yyyy/mm/dd)									

THIRD PARTY PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal), FIRST NAME or AGENCY	PHONE
ADDRESS	EMAIL (optional)

I CONSENT TO THOMPSON RIVERS UNIVERSITY DISCLOSING THE FOLLOWING PERSONAL INFORMATION ABOUT ME TO THE THIRD PARTY IDENTIFIED ABOVE, FOR THE PURPOSES SET OUT ON THIS FORM.

STUDENT INFORMATION

- Academic status
- Convocation information
- Enrolment status information
- Grades
- Registration information (including current registration status)
- Special needs documentation/Disability accommodations
- Student account balance
- Student awards, scholarships, and bursaries
- Government student loan & grant information
- Tuition and fees assessment
- Other (specify) _____

PURPOSE(S) FOR DISCLOSURE

- To allow the above named third party to support me in my studies at TRU.
- To verify my enrolment with TRU.
- Other (specify) _____

DURATION

This waiver will be valid for the following period:

From: Date (yyyy/mm/dd) _____

To: Date (yyyy/mm/dd) _____

STUDENT TRANSACTIONS

- Add/drop courses
- Pay fees
- Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- Other (specify) _____

SIGNATURE

My consent is effective as of the date of signing (indicated below). I have read the above, understand it, and agree to it.

Your signature indicates that the information contained herein is accurate to the best of your knowledge. TRU considers a falsified consent form as fraud.

STUDENT SIGNATURE	DATE (yyyy/mm/dd)

This form will be kept on file in compliance with TRU's Records Retention Policy.
Completed form can be emailed to records@tru.ca, or delivered in person or by mail to the address above.