



# AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION TO A THIRD PARTY

Information Access and Privacy

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Print and sign, 6) Submit to BCITSA (services@bcitsa.ca).

I, \_\_\_\_\_ authorize BCIT to disclose my personal information to:

Name of Third Party <b>Carly Watson</b>	Title <b>Club Program Coordinator</b>
Organization / Company <b>BCIT Student Association 3700 Willingdon Ave. Burnaby, BC V5G 3H2</b>	Phone <b>778-331-1328</b>
I authorize BCIT to disclose my BCIT ID number, registration term information and any other information relevant to the specific requirements of the 2020/2021 Student Competition Fund (SCF) and my application and eligibility to receive SCF	
I understand that when disclosed, the information will be used only for the purpose of verifying my application and eligibility to receive funding from the 2020/2021 Student Competition Fund.	
This consent becomes effective from <b>the date of submission</b> and will remain in effect until June 2021.	
Signature*	BCIT ID*
Date (dd/mm/yy)*	Date of Birth*
Day Phone*	Email

This form meets the requirements for consent in the *Freedom of Information and Protection of Privacy Act*, RSBC 1996 c. 165 ("FIPPA") and Regulations. You may rescind or amend your consent in writing at any time, except where action has been taken in reliance of this authorization.

\*This information must be included. The BCIT ID and DOB are required to confirm your identity. For more information about Information Access and Privacy at BCIT, go to <http://www.bcit.ca/iap/>.