



# 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<br><b>Laurie Sinnott-Lee</b>  | Title<br><b>Student Development Manager</b>        |
| Organization / Company<br><b>BCIT Student Association<br/>3700 Willingdon Ave.<br/>Burnaby, BC V5G 3H2</b>  | Phone/Cell<br><b>604-432-8974<br/>604-771-1008</b> |
| I authorize BCIT to disclose my BCIT ID number, registration term information and any other information relevant to the specific requirements of the 2020-21 Student Initiative Fund (SIF) and my application and eligibility to receive SIF funding. |  |
| 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 2020-21 Student Initiative Fund.  |  |
| This consent becomes effective from <b>the date of submission</b> and will remain in effect until July 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/>.