

# Consent to Release Information



## STUDENT INFORMATION

BVC Number: \_\_\_\_\_ OR Alberta Student Number (ASN): \_\_\_\_\_  
(six-digit #) (nine-digit #)

Legal Name: \_\_\_\_\_  
(Appearing on Government Identification: passport, driver's license, etc.)

## APPLICATION INFORMATION

Program Name: \_\_\_\_\_

Program Start Month: \_\_\_\_\_ Program Start Year: \_\_\_\_\_

## CONSENT TO RELEASE INFORMATION

I hereby authorize Bow Valley College to receive, request, and share information regarding my application with the individual or organization indicated below:

## AGENT / REPRESENTATIVE INFORMATION

Name: \_\_\_\_\_  
(Full name of agency, relative, friend, or other representative)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Email and Phone not required for Authorized Agents with signed agreements)

My consent is given for the purpose of facilitating my application to and enrolment with Bow Valley College. This consent will be valid for one calendar year from the date below or until I provide written notice of withdrawn consent.

I understand that all such information will be treated as confidential by the agent or representative and Bow Valley College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Contact the International Education Department at 345-6 Ave SE, Calgary, Alberta, T2G 4V1  
Email: [international@bowvalleycollege.ca](mailto:international@bowvalleycollege.ca) Phone +1-403-410-3476