



Consent to Release Information

Student information

BVC number: _____ **or** Alberta Student Number (ASN): _____
(six-digit number) (nine-digit number)

Legal name: _____
(PLEASE PRINT: 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:

Centre for Entertainment Arts (CEA)

Agent/representative

Name: _____
(PLEASE PRINT: Full name of agency, relative, friend, or other representative)

Email: _____ Phone: _____
(Email and phone not required for authorized agents with signed agreements)

By completing and signing this document, you give permission for the above named individuals or agents to communicate with Bow Valley College for the purpose of facilitating your application to and enrolment to the above named program and start date. This may include disclosing your application status, documents submitted and financial information to the above-named organization, agent or individual. This consent will be valid from the date below and expires upon the program start, or when consent is withdrawn.

I understand that all such information will be treated as confidential by Bow Valley College.

Student signature: _____

Bow Valley College collects, uses and discloses personal information in accordance with the Freedom of Information and Protection of Privacy Act Alberta (FOIP Act). Your personal information is being collected on this form under section 33 (c) of the FOIP Act for the purpose(s) of obtaining your consent to release your personal information to the identified third party (ies). If you have any questions about this privacy notification, please contact the Access and Privacy Officer at foip@bowvalleycollege.ca or by calling 403 476 2201.