



Consent to Release Information

Student information

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

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:

Centre for Entertainment Arts (CEA)

Agent/representative

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 from the date below and expires when I start the program or withdraw my consent.

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

Student signature: _____ Date: _____

Questions? Contact the International Education department at:
345 6 Ave S.E.
Calgary, Alberta
T2G 4V1

Email: international@bowvalleycollege.ca
Phone +1-403-410-3476