

# Consent to Release Personal Information Form (Third Party)



**Enrolment Services**  
805 TRU Way  
Kamloops, BC, Canada V2C 0C8  
tru.ca

**Campus students:** records@tru.ca  
**Open Learning students:** student@tru.ca

Thompson Rivers University (TRU) collects, uses, and discloses personal information in accordance with the BC *Freedom of Information and Protection of Privacy Act (FIPPA)*. Pursuant to s.33(2)(c) of FIPPA, TRU is seeking your written consent to disclose personal information to a third party. This form will be kept on file in compliance to TRU's Records Retention Policy. Questions about this consent may be directed to the Privacy and Access Officer at [privacy@tru.ca](mailto:privacy@tru.ca) or 250-828-5012.

## STUDENT PROVIDING CONSENT (PRINT CLEARLY)

|                    |                             |
|--------------------|-----------------------------|
| SURNAME (legal)    |                             |
| FIRST NAME (legal) | FULL MIDDLE NAME(S) (legal) |

## TRU STUDENT NUMBER

|                            |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|
|                            |  |  |  |  |  |  |  |  |  |
| DATE OF BIRTH (yyyy/mm/dd) |  |  |  |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |  |  |  |

## THIRD PARTY PERSONAL DATA (PRINT CLEARLY)

|                                       |                  |
|---------------------------------------|------------------|
| SURNAME (legal), FIRST NAME or AGENCY | PHONE            |
| ADDRESS                               | EMAIL (optional) |

## I CONSENT TO THOMPSON RIVERS UNIVERSITY DISCLOSING THE FOLLOWING PERSONAL INFORMATION ABOUT ME TO THE THIRD PARTY IDENTIFIED ABOVE, FOR THE PURPOSES SET OUT ON THIS FORM.

### STUDENT INFORMATION

- Academic status
- Convocation information
- Enrolment status information
- Grades
- Registration information (including current registration status)
- Special needs documentation/Disability accommodations
- Student account balance
- Student awards, scholarships, and bursaries
- Government student loan & grant information
- Tuition and fees assessment
- Other (specify) \_\_\_\_\_

### PURPOSE(S) FOR DISCLOSURE

- To allow the above named third party to support me in my studies at TRU.
- To verify my enrolment with TRU.
- Other (specify) \_\_\_\_\_

### DURATION

This waiver will be valid for the following period:

From: Date (yyyy/mm/dd) \_\_\_\_\_

To: Date (yyyy/mm/dd) \_\_\_\_\_

### STUDENT TRANSACTIONS

- Add/drop courses
- Pay fees
- Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- Other (specify) \_\_\_\_\_

### SIGNATURE

**My consent is effective as of the date of signing (indicated below). I have read the above, understand it, and agree to it.**

Your signature indicates that the information contained herein is accurate to the best of your knowledge. TRU considers a falsified consent form as fraud.

|                   |                   |
|-------------------|-------------------|
| STUDENT SIGNATURE | DATE (yyyy/mm/dd) |
|                   |                   |

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