

Third Party Waiver/Release of Information Form



Thompson Rivers University
900 McGill Road
Kamloops, BC, Canada
V2C 0C8
250-828-5000
Campus students: registration@tru.ca
Open Learning students: student@tru.ca

PERSONAL DATA (PRINT CLEARLY)

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

TRU STUDENT NUMBER

DATE OF BIRTH (dd/mm/yy)									

PART I - STUDENT INFORMATION

I authorize (print name of person/agency here) _____
access to the following information :

- Academic status
- Convocation information
- Enrolment status information
- Grades
- Registration information (including current registration status)
- Special needs documentation/Disability accommodations
- Other (specify) _____

PART II - FINANCIAL INFORMATION

I authorize (print name of person/agency here) _____
access to the following information :

- Student account balance
- Student awards
- Student loan information
- Tuition and fees assessment
- Other (specify) _____

PART III - STUDENT TRANSACTIONS

I authorize (print name of person/agency here): _____
to carry out the following transactions on my behalf:

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

PART IV - DURATION

This waiver will be valid for the following period:
From: Date (day/month/year) _____
To: Date (day/month/year) _____

IMPORTANT!

Access to online fee payment and registration services is controlled through each student's T-ID and password. It is the responsibility of each student to control access to their password. Under no circumstances will a student's password be released to a third party, even in cases where a third party waiver has been signed.

PART V - SIGNATURE

Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. TRU considers a falsified waiver form as fraud.

STUDENT SIGNATURE	DATE (dd/mm/yy)
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OFFICE USE ONLY

DATE	RECEIVED BY	DATE ENTERED (dd/mm/yy)
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Privacy Notification

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC Freedom of Information and Protection of Privacy Act (the FIPPA). Your personal information is being collected under Section 26(c) of the FIPPA for the purpose(s) of admission, registration, record keeping, statistical research, or program evaluation and for purposes consistent with the administration of the University and its programs and services including the programs of student societies/student unions, alumni associations and the Thompson Rivers University Foundation.

Questions about this privacy notice can be directed to the Privacy Officer at privacy@tru.ca, or by calling 250-828-5012, or by post to: TRU Privacy Office, 900 McGill Rd. Kamloops, BC V2C 0C8.