

# Consent to Release Personal Information Form (Third Party)



**Enrolment Services**  
Old Main  
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** 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) \_\_\_\_\_

## STUDENT TRANSACTIONS

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

## 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)

This form will be kept on file in compliance with TRU's Records Retention Policy.  
Completed form can be emailed to **records@tru.ca**, or delivered in person or by mail to the address above.