

## THIRD PARTY AUTHORIZATION

Registrar's Office, North Vancouver Campus

Email: [registration@capilanou.ca](mailto:registration@capilanou.ca)

### PLEASE READ CAREFULLY

Students' personal information and records are protected by the [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#).

All official permanent student records are confidential. The management of and access to student record information is outlined in [Policy OP.606 – Student Records Management and Access](#).

*Please note: authorization gives your consent to the release of select information from your student records to a third party. Your third party will not be able to make changes to your record or request official documents on your behalf.*

### PERMISSIONS – Part 1 (Type of Permission)

This form authorizes Capilano University to release the following **information** to the person(s) or organization(s) indicated in **Part 2**:

- |                                          |                                                 |
|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Academic Record | <input type="checkbox"/> Financial Aid & Awards |
| <input type="checkbox"/> Admissions      | <input type="checkbox"/> Student Accounts       |

This form authorizes Capilano University to release the following **document** to the person or organization indicated in **Part 2**:

- |                                              |                                       |
|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Other: _____ |
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### THIRD PARTY INFORMATION – Part 2

LEGAL LAST NAME	LEGAL FIRST NAME	EMAIL ADDRESS
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OR

ORGANIZATION	EMAIL ADDRESS
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### DURATION OF RELEASE – Part 3

This signed authorization will remain in effect for the duration specified below.

FROM DATE:	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>Date of student signature at bottom of form</i></div>	TO DATE:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">MM</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DD</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">YYYY</div>
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### STUDENT APPROVAL – Part 4

By signing below, I hereby authorize Capilano University to release information indicated in **Part 1** to the persons or organizations indicated in **Part 2** for the specified period of time as indicated in **Part 3**.

Capilano University gathers and maintains information used for the purposes of admission, registration, alumni, and other fundamental activities related to being a member of the Capilano University community and attending a public post-secondary institution in the Province of British Columbia. In signing this form, all students are advised that both the information they provide and any information placed into the student record will be protected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act (1996). If you have any questions about privacy, please contact [privacy@capilanou.ca](mailto:privacy@capilanou.ca).

STUDENT NAME	STUDENT NUMBER
STUDENT SIGNATURE	DATE (MM/DD/YYYY)