

Consent to Release and Share Information

I, _____, (student number: _____), give permission to the Office of Student Support, Rights & Responsibilities to communicate with the following Langara personnel:

Name: _____

Name: _____

And/or the following:

Name: _____

Phone: _____

Email address: _____

Mailing address: _____

Relationship to student: _____

Regarding:

This consent will remain in effect until: _____

(Note: the release is not valid without an expiration date)

I am aware that I may revoke this consent at any time by notifying you. I am also aware that I may review any information shared. I understand and agree that a reproduction of this authorization will be valid and accepted with the same authority as the original.

Student Signature: _____

Date: _____

Langara College collects the personal information on this form under the authority of the College and Institute Act and section 26 of the Freedom of Information and Protection of Privacy Act (FIPPA).

The information on this form will be used to record your consent and to allow the Office of Student Support, Rights & Responsibilities to communicate with the individuals you have named about the matter you have described. Information will be shared only with those individuals, only about that matter, and only until the expiration date you have set, unless you revoke this consent sooner.

We will limit what we share to what is reasonably necessary for the purpose you have described. This consent does not affect the College's ability to use or disclose personal information where otherwise authorized or required by law, such as to respond to a significant safety or risk concern.

This form is maintained in an online case management system located in Canada. If you have questions about the collection, use, or disclosure of your personal information, please contact Privacy and Records Management, Langara College, 100 West 49th Avenue, Vancouver, BC V5Y 2Z6, 604-323-5660.