

RELEASE OF INFORMATION REQUEST

 Registrar's Office, Birch Building, room BR230, 2055 Purcell Way, North Vancouver, B.C. V7J 3H5
 Tel: 604 984 4900 Email: registration@capilano.ca
PLEASE READ CAREFULLY

All official permanent student records are confidential. Information will not be given to any agency or person, other than the student, unless the student has provided written permission.

Please note: This form is not a request for transcripts or enrolment verifications. Students must order transcripts online via **MyCapU**. Enrolment verification requests can be submitted via a request form (www.capilano.ca/current/transcripts-and-forms).

PERMISSIONS – Part 1 (Type of Permission)

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

- | | |
|---|--|
| <input type="checkbox"/> Application & admission information | <input type="checkbox"/> Tuition and fee information |
| <input type="checkbox"/> Registration information | <input type="checkbox"/> Government and private student loan information |
| <input type="checkbox"/> Academic record information: progress, grades, academic standing, graduation | <input type="checkbox"/> Awards information |
| | <input type="checkbox"/> Other: |

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

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Letter/Form | <input type="checkbox"/> Official Transcript |
|--------------------------------------|--|

PERMISSIONS – Part 2 (Third Party Information)

- | | | | | |
|---------------------------------|---|----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Relative or Friend | <input type="checkbox"/> Sponsor | <input type="checkbox"/> Other School | <input type="checkbox"/> Other: _____ |
|---------------------------------|---|----------------------------------|---------------------------------------|---------------------------------------|

LEGAL LAST NAME	LEGAL FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS		CITY
PROVINCE	COUNTRY	POSTAL CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

PERMISSIONS – Part 3 (Duration of Release)

Note that a specified duration is required and will **not** be accepted without these dates indicated.

FROM DATE:	MM	DD	YYYY	TO DATE:	MM	DD	YYYY
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STUDENT APPROVAL

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@capilano.ca.

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