



AUTHORIZATION TO RELEASE INFORMATION

Student's Name: _____ ID: _____

I, _____ hereby permit The Art Institute of Vancouver to disclose the information specified below to _____.

INFORMATION TO BE RELEASED:

The following information from my records at The Art Institute of Vancouver may be released to the above-specified persons:

- _____ Grades and academic standing
- _____ Attendance
- _____ Academic information of any kind
- _____ Tuition and fee status
- _____ Other, please specify: _____
- _____ All records or information

I understand that The Art Institute of Vancouver complies with relevant federal and provincial privacy and protection personal information legislation and information provided under this consent form is deemed to be, and treated as, confidential and on a need to know basis only.

Student's Signature:

Date:
