

# Release of Information Authorization Form



Quest University Canada commits to protecting and using information contained in student records in compliance with the B.C. Personal Information Protection Act (2003). Students wishing to authorize Quest to release their academic, financial, medical, or other personal information to a specified third party (including parents) must complete a Release of Information Authorization Form with the Registrar's Office.

## STUDENT INFORMATION

Full Name (first middle last)	Date of Birth (mm/dd/yyyy)
Telephone Number	Email

I authorize Quest University Canada to release information as specified to the following individuals/organizations about my records that directly pertain to Quest University Canada.

### RELEASE 1

Name	Relationship/Organization
Release the following categories of information: <input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Other	Specify other information authorized for release

### RELEASE 2

Name	Relationship/Organization
Release the following categories of information: <input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Other	Specify other information authorized for release

### RELEASE 3

Name	Relationship/Organization
Release the following categories of information: <input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Other	Specify other information authorized for release

## NOTES

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By signing below I acknowledge that I have read and understand this document and authorize Quest University Canada to release information to the above individuals/organizations. I also understand that this authorization will remain on file and serve as an ongoing authorization while I am a Quest University Canada student. I also acknowledge that I may withdraw this authorization at any time by signed written letter.

Signature of Student	Date (mm/dd/yyyy)
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Submit completed form to the Registrar's Office.