

**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 **myCap** (Student Information Web Service). Enrolment verification requests can be submitted via a request form ([www.capilano.ca/current/request-letter-form](http://www.capilano.ca/current/request-letter-form)).

**PERMISSIONS – Part A (Type of Permission)**

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

- |                                                                                                       |                                                                          |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <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 checked="" type="checkbox"/> <b>Other:</b>                        |

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

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

**PERMISSIONS – Part B (Third Party Information)**

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

**NAME**
**STREET ADDRESS**
**CITY**
**PROVINCE**
**COUNTRY**
**POSTAL CODE**
**PHONE NUMBER**
**FAX NUMBER**
**EMAIL ADDRESS**
**PERMISSIONS – Part C (Duration of Release)**

- 
- Specified duration; please indicate dates.

**FROM DATE:**

MM	DD	YY
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**TO DATE:**

MM	DD	YY
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- 
- Until student provides written notice that their authorization has been withdrawn.

**STUDENT APPROVAL**

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

Capilano gathers and maintains information used for the purposes of admission, registration, alumni, and other fundamental activities related to being a member of the Capilano 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](mailto:privacy@capilano.ca).

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