

### STUDENT INFORMATION

LANGARA ID: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

LEGAL SURNAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_

### REPRESENTATIVE INFORMATION

FULL NAME OF PERSON/AGENCY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ EMAIL\*: \_\_\_\_\_

\* Information will only be shared with this representative in person and/or by email. If you do not wish for information to be shared by email, please leave this field blank. Email inquiries will only be responded to if sent from this address.

This waiver will be valid for the following period, or until I revoke authority:

From: \_\_\_\_\_ To: \_\_\_\_\_

### STUDENT INFORMATION

I authorize the person/agency stated above access to the following information:

- Academic standing
- Application status
- Final grades
- Graduation requirements
- Registration information (including current registration status)
- Special needs documentation or disability accommodations
- Other (specify): \_\_\_\_\_

### FINANCIAL INFORMATION

I authorize the person/agency stated above access to the following information:

- Student account balance
- Student awards
- Student loan information
- Tuition and fees assessment
- Other (specify): \_\_\_\_\_

### STUDENT TRANSACTIONS

I authorize the person/agency stated above to carry out the following transactions on my behalf:

- Order transcripts, confirmation of enrolment letters, RESP forms, etc.
- Pick up transcripts, confirmation of enrolment letters, RESP forms, etc.
- Other (specify): \_\_\_\_\_

### CONDITIONS

1. I understand that the Authorized Representative is permitted to represent me up to and including the end date I have selected.
2. I understand that Langara College collects, uses and discloses my personal information in compliance with the provisions of the British Columbia Freedom of Information and Protection of Privacy Act [RSBC 1996, Chapter 152] and will use the information for research and statistical purposes subject to the provisions of the Act.
3. I understand that if I wish to extend the authorization period I have selected above, it is my responsibility to submit a new Consent for Authorized Representative form.
4. I understand that any request to cancel this authorization before the end date I have selected above must be submitted in writing.
5. I understand that if I have already submitted a Consent for Authorized Representative form, this form overrides the previous one.
6. I have read and understood the above statements.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SUBMIT COMPLETED FORM

In person to: Registrar & Enrolment Services, Langara College, 100 West 49<sup>th</sup> Ave., Vancouver, BC V5Y 2Z6