

CONSENT TO RELEASE INFORMATION

To Whom It May Concern:

I give my consent to Bow Valley College, Calgary to receive, request and share information regarding myself with the individual or organization noted below when this is considered to be necessary and beneficial as:

Organization / Agent: _____

(contact information should be included in the international student program application form)

- Receive Information
- Request Information
- Share Information

For the purpose of:

This Consent form shall be valid for:

- The terms of my application/enrollment in the International ESL program

_____ - _____
from to

- My application/enrolment in the _____
Career program, _____ offering.

I understand that all such information will be treated as confidential by the individual organization and Bow Valley College.

Student's Name (please print): _____
last name first name

Signature: _____ ID# _____

Date: _____