

**Student grants permission for the Authorized Third Party to have access to:**

Check one or more boxes to indicate your permission for Bow Valley College to share the information with your Authorized Third Party at their request. Third parties cannot make changes to your student file. You may change or revoke this consent in writing at any time.

- |  |  |
|--|--|
| <input type="checkbox"/> ALL ACADEMIC, ADMISSIONS, AND FINANCIAL DETAILS         | <input type="checkbox"/> My current application(s) for admission             |
| <input type="checkbox"/> My academic history (past grades, courses, and studies) | <input type="checkbox"/> My current enrolments (current courses and grades)  |
| <input type="checkbox"/> My financial account balance only                       | <input type="checkbox"/> My full financial account and financial aid details |
| <input type="checkbox"/> Request transcript(s) on my behalf                      | <input type="checkbox"/> Request proof of enrolment letter(s) on my behalf   |

**By signing and submitting this form, the Student grants Bow Valley College (“BVC”) permission to release the above-identified academic, admissions, and/or financial information to the Authorized Third Party named below.** The Student releases BVC from any liability with respect to releasing this information in good faith to the Authorized Third Party. BVC does not notify students when an authorized third party requests authorized information from a student’s file. A scanned or electronic copy of this signed document shall be as valid as the original. **This form must be completed by the Student.**

**How to submit this  
completed form:**

**By email** from your MyBVC account to:  
registrar@bowvalleycollege.ca

**In-person** with valid photo ID at:  
Office of the Registrar, 1st Floor, South Campus

**Student’s information**

---

Student name

---

BVC student number

X

---

Student signature (digital or ink)

---

Date signed

**Authorized Third Party’s information**

---

Full name of individual

---

Email address (used only to verify requests)

---

Phone number(s) (used only to verify requests)

**Authorization is valid for one year from date signed  
unless revoked earlier by the Student.**

The information you provide on this form is collected under authority of Alberta’s *Post-Secondary Learning Act* and *Freedom of Information and Protection of Privacy Act*. Your personal information is protected by *Freedom of Information and Protection of Privacy Act* and can be reviewed on request. If you have questions about the collection or use of your information by Bow Valley College, contact the Office of the Registrar by mail or in-person at 345 6 Ave SE, Calgary AB T2G 4V1; by phone at 866-428-2669; or email at registrar@bowvalleycollege.ca.