

# Consent to Release Personal Information Form (Third Party)



**Enrolment Services**  
805 TRU Way  
Kamloops, BC, Canada V2C 0C8  
tru.ca  
**Campus students:** records@tru.ca  
**Open Learning students:** student@tru.ca

## STUDENT PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)	
FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)

## TRU STUDENT NUMBER

DATE OF BIRTH (yyyy/mm/dd)									

## 3rd PARTY PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal), FIRST NAME or AGENCY
ADDRESS

PHONE
EMAIL (optional)

## PART I - STUDENT INFORMATION

I authorize (print name of person/agency here) \_\_\_\_\_  
access to the following information:

- Academic status
- Convocation information
- Enrolment status information
- Grades
- Registration information (including current registration status)
- Special needs documentation/Disability accommodations
- Other (specify) \_\_\_\_\_

## PART II - FINANCIAL INFORMATION

I authorize (print name of person/agency here) \_\_\_\_\_  
access to the following information:

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

## PART III - STUDENT TRANSACTIONS

I authorize (print name of person/agency here) \_\_\_\_\_  
to carry out the following transactions on my behalf:

- Add/drop courses
- Pay fees
- Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- Other (specify) \_\_\_\_\_

## PART IV - DURATION

This waiver will be valid for the following period:  
From: Date (yyyy/mm/dd) \_\_\_\_\_  
To: Date (yyyy/mm/dd) \_\_\_\_\_

## IMPORTANT!

Access to online fee payment and registration services is controlled through each student's T-ID and password. It is the responsibility of each student to control access to their password. Under no circumstances will a student's password be released to a third party, even in cases where this consent has been signed.

## PART V - SIGNATURE

Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. TRU considers a falsified consent form as fraud.

STUDENT SIGNATURE	DATE (yyyy/mm/dd)

## OFFICE USE ONLY

DATE (yyyy/mm/dd)	RECEIVED BY	DATE ENTERED (yyyy/mm/dd)

## Privacy Notification

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC Freedom of Information and Protection of Privacy Act (the FIPPA). Your personal information is being collected on this form under Section 26(c) of the FIPPA for the purpose(s) of obtaining your consent to release your personal information to the identified third party(ies) as required under Section 33.1(b). Questions about this privacy notice can be directed to the Privacy Officer at [privacy@tru.ca](mailto:privacy@tru.ca), or by calling 250-828-5012, or by post to: TRU Privacy Office, 805 TRU Way, Kamloops, BC V2C 0C8. This form will be kept on file in compliance with TRU's Records Retention Policy.