



Third Party Consent Form

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5

Downtown campus
250 West Pender St., Vancouver, B.C. V6B 1S9

This form allows a student to authorize a third party to act on their behalf for specific academic-related tasks.

1. Student information

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Student ID

.....
Last name (family name) First name

.....
Email address

2. Authorized person information

.....
Full name

.....
Phone Email

Please select the tasks the authorized person is permitted to perform:

- Request transcripts
- Pick up transcripts, letters, or credentials
- Both request and pick up transcripts, letters, or credentials

3. Signatures

.....
Student signature Date

.....
Authorized person signature Date