



Consent for Release of Information VRAR Design & Development Diploma

Please submit to the Registrar's Office.

Personal information					
		Stude	nt ID		

Last name (family name)

First name

Release information

I hereby authorize Vancouver Community College to release my full record and grades to the Vancouver Film School for continued registration in the VRAR Design and Development Diploma.

This consent remains in effect until the student requests in writing to Vancouver Community College to withdraw this authorization.

Student signature Date

Legal guardian signature (required if the student is under 19 years of age) Date

Personal information provided for the purposes of releasing information to a third party is collected, protected, used, disclosed and retained in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use and disclosure of your personal information by VCC or the use of this form, please contact the Registrar, Vancouver Community College, 1155 East Broadway, Vancouver, BC V5T 4V5; 604-871-8400.