

# Consent to Release Information

**Instructions to student:** Complete the form and sign it by hand, using pen. Deliver the original form to the person identified. You will need one form for each person you are authorizing to release information. Show your student ID card when dropping off the form.

Dear: \_\_\_\_\_  
(Insert recipient name and professional title)

I give you permission to release the information noted below to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact info: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Information to be released:

This consent will remain in effect until: \_\_\_\_\_  
*(Note: the release is not valid without an expiration date)*

I am aware that I may revoke this consent at any time by notifying you. I am also aware that I may review any information shared. I understand and agree that a reproduction of this authorization will be valid and accepted with the same authority as the original.

\_\_\_\_\_  
(Print Student Name) Student #: \_\_\_\_\_

\_\_\_\_\_  
(Student Signature) \_\_\_\_\_ (Date)

The student has shown Student ID Card confirming identity.  Yes  No

If you have checked no, please explain: \_\_\_\_\_

If you have questions about this form, please contact Student Conduct and Judicial Affairs at [scja@langara.bc.ca](mailto:scja@langara.bc.ca).