Authorization to Act on Behalf

Student #									Date of Birth	DD/MM/YYYY								

Name	First		Middle Name(s)		Last	

E-mail	Primary	**@unbc.ca**

If you wish to authorize someone to **act on your behalf** with respect to the following, please check the appropriate section(s) and provide their name and relationship to you:

      Application Status

      Registrations

      Financial Information / Activities

      Transcripts

      Graduation

      All of the above

Name of the person authorized to act on your behalf:	_____ _____
	First Name Last Name
Relationship to you (mother, father, spouse, etc):	

INFORMATION RELEASE STATEMENT

Students are advised that the use of information provided on this form, and other information placed in a student record, complies with the BC *Freedom of Information and Protection of Privacy Act*, and with the policies and procedures of the University of Northern British Columbia. In addition to internal administrative uses related to student admission, registration and status, student information may also be used in strict confidence in University research and planning. Certain student information is provided on a confidential basis to Partner Institutions, to Statistics Canada as governed by the *Canada Statistics Act*, and to the BC Government. The internal use of student records, and the obligatory reporting of student data to external bodies, respects the absolute confidentiality of student information.

I have read and understand the above statement.

_____   _____
Signature of Student   Date

This authorization is valid for one (1) year or until rescinded, whichever comes first.

Revised: Nov 29, 2021

FOR OFFICE USE ONLY

Entered in SPACMNT (date): _____   Processed by: _____