



## CONSENT TO RELEASE INFORMATION Dual Credit Initiative

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

High School Name: \_\_\_\_\_

Designated Parent/Guardian Name(s) \_\_\_\_\_  
*Please Print Clearly*

The British Columbia *Freedom of Information and Protection and Privacy Act* provides that Vancouver Island University may not release any information pertaining to student records to anyone other than the student without his or her consent.

In order to communicate your grades and progress to your school district, both essential to earning Dual Credit, you must complete this form as part of your application package.

### **To Registration Services, Cowichan Campus:**

I hereby authorize VIU to release information pertaining to my VIU student record, including application and enrolment status and grades as a Dual Credit student, to School District representatives and my parent/guardian above, upon request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_