



DOUGLAS COLLEGE

EDUCATION CONSULTANT / AGENT CONTACT INFORMATION

Company Name _____ Phone Number _____
Contact Person's Name _____ E-mail Address _____

INFORMATION WAIVER

I hereby give permission for Douglas College to disclose personal information pertinent to my admission and studies at Douglas College to the following. I understand I can revoke this permission in writing at anytime.

Parent / Guardian / Other ☐ Name _____
Consulting Company ☐ Name _____
Partner School ☐ Name _____

Please allow the designated person/s access to the following information from:

_____ to _____
(day/month/year) (day/month/year)

Registration Information ☐ Admission Status ☐ Other ☐

Douglas College collects personal information on students to fulfill its mandate in the educational process and in compliance with the Freedom of Information and Protection of Privacy Act of BC. Personal Information is any information that enables identification of an individual such as name, address, telephone number of any identifying number or symbol assigned to you.

EMERGENCY CONTACT INFORMATION ** Student's immediate family only

Surname / Last / Family Name First / Given Name Relationship to Student Phone Number

Student Signature _____ Date _____