



VANCOUVER FILM SCHOOL

Student Information Release Form

Class # _____

Student Name _____

Frequently potential employers and other interested parties request graduates' contact information (phone number, email address and mailing address). To protect your privacy, Vancouver Film School will not release this information without your consent. If you want us to pass on your contact information to people who request it, please write a sentence in the space provided stating what we have permission to release.

For example, *'I, name, give permission for Vancouver Film School to release my phone number and email address to anyone who requests it' or 'I, name, give permission to Vancouver Film School to give my contact information to people who ask for it.'*

If you do not want your contact information to be released, leave this space blank and we won't give out any information.

Student Signature Benjamin Ruiz

Date _____