



Office of the Registrar

Email : studentrecords@alexandercollege.ca

Tel : (604) 435-5815

Fax : (604) 435-5895

CONSENT FOR THIRD-PARTY PICK-UP

Student Information

Student's First Name	Student's Last Name (family name)	Student ID Number

Policy and Procedure



Due to Canadian privacy laws, Alexander College is unable to release student personal or academic information to anyone other than the enrolled student without a signed consent form completed by the student. Consent by any other format (e.g., email, telephone, photo, written note, etc.) is not accepted.

Please provide details for any person(s), organization, or interested party to whom Alexander College is permitted to release the document(s) you have ordered.

Quantity	Document(s) (indicate which documents you authorize the person named below to pick-up on your behalf)

Authorized Pick Up Person(s)

First Name	Last Name (family name)	Telephone Number	Email Address

Authorization

- By completing this form, you permit the above specified person to pick up the above specified documents on your behalf.
- Alexander College is not responsible for the transit of documents after they have been picked up from the Reception desk.
- Consent may be revoked by the student at any time by submitting a written request to the Office of the Registrar.

Student Signature	Date (DD - MMM - YYYY)