

Agent Information and Release for International Students

| | |
|------------------------|-----------------------|
| STUDENT'S NAME: | |
| DATE OF BIRTH: | GENDER: |
| ADDRESS: | CITY, COUNTRY: |
| PHONE NUMBER: | EMAIL ADDRESS: |
| AGENT NAME: | |
| AGENCY: | EMAIL ADDRESS: |

I hereby authorize the Justice Institute of British Columbia to release admissions, registration and tuition information to the above mentioned organization.

Student Signature

Date

Please forward a signed copy of this form to international@jibc.ca