



## Authorization for Release of Student Information

### Student Contact Information

First Name	Last Name
Student Number	Date of Birth
Street Address	City
Province	Postal Code
Contact Phone	Email

I hereby authorize the Justice Institute of British Columbia to release educational records as outlined below, in accordance with the JIBC Student Records Policy.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

Name(s) and addresses of parties to whom records are to be sent
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Service	Cost	Check all that apply
Official JIBC Transcript (requested by third party)	\$26.25 (GST included) per copy	
Education Verification	\$26.25 (GST included) per copy	
Solicitor Request	\$111.42 (GST included) Additional fees may apply	

### Payment

Visa       Mastercard       Cheque       Debit (in-person only)

Credit Card Number	Expiry Date (MM/YY)
Name on Card	CVV

JIBC Registration Office

715 McBride Blvd, New Westminster, BC, V3L 5T4 | Email records@jibc.ca | Fax 604.528.5653