

EDUCATION CONSULTANT / AGENT CONTACT INFORMATION			
Company Name		Phone Number	
Contact Person's Name		E-mail Address	
INFORMATION WAIVER			
I hereby give permission for Dougla to the following. I understand I can			ssion and studies at Douglas Colleg
Parent / Guardian / Other	Name		
Consulting Company	Name		
Partner School	Name		
Please allow the designated person	n/s access to the following info	rmation from:	
	to		
(day/month/year)	(day/month/year)		
Registration Information	Admission Status	Other	
	cy Act of BC. Personal Information	is any information that enables identi	nd in compliance with the Freedom of fication of an individual such as name,
EMERGENCY CONTACT INFORMATION ** Student's immediate family only			
Surname / Last / Family Name	First / Given Name	Relationship to Student	Phone Number
Student Signature		Date	