

DOUGLAS COLLEGE
 ENROLMENT SERVICES
 PO Box 2503 New Westminster, BC
 Canada V3L 5B2

New Westminster and Coquitlam
 Douglascollege.ca
 Phone: 604-527-5478
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Third Party Authorization and Pickup Form

PART 1: STUDENT INFORMATION

Legal First Name:	Legal Last Name:	Student Number:
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PART 2: THIRD PARTY INFORMATION

Full Legal Name of the Person/Organization:	Relationship to the Student (parent, spouse, sponsor, etc.)
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Please indicate how information will be released to the third party (complete all options that may apply)

In-person: Third party must show their own photo ID that confirms the Date of Birth: _____ (dd/mm/yyyy)

Phone: Information may be released only to calls received from this number: _____

Email: Information may be released only to this email address: _____

PART 3: TYPE OF AUTHORIZATION—Select only ONE Type on each form. Submit separate forms for additional authorizations

	Type 1- Third Party Pickup (valid for one-time use only)
	Student authorizes the third party to pick up the selected items (check all items that may apply)
	<input type="checkbox"/> Transcripts <input type="checkbox"/> Credentials <input type="checkbox"/> Irreplaceable Documents
or	<input type="checkbox"/> Other Secure Documents, Please Specify: _____

	Type 2- Information Release Consent (valid only for the period indicated below)
	Student consents to disclosure of the following selected information to the third party (check all that may apply)
	<input type="checkbox"/> Application/Admission <input type="checkbox"/> Academic Performance <input type="checkbox"/> Graduation/Convocation <input type="checkbox"/> Final Grades/Assessment Scores <input type="checkbox"/> Registration <input type="checkbox"/> Tuition & Fees / Account Balance <input type="checkbox"/> Financial Aid Awards / Bursaries / Scholarship Information <input type="checkbox"/> Student Loan Information
	Authorization Period — <i>Information Release Consent</i> is not valid without an authorization period
	From: Date (dd/mm/yyyy) _____ To: Date (dd/mm/yyyy) _____

PART 4: SIGNATURE

Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. By signing below, you authorize Douglas College to release the information or documents indicated in Part 3 to the third party named in Part 2, based on the selected authorization type—Third Party Pick-Up (one-time use) or Information Release Consent (valid for the specified period). You confirm the information provided is accurate, and understand that falsified authorization is considered fraud.

Student signature:	Date (dd/mm/yyyy):
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Collection Notice:
 Personal information is collected under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) for the purpose of verifying identity and processing this authorization. Questions may be directed to Enrolment Services at reg_admin@douglascollege.ca.

Last revised: April 2026

Date Received:
Enrolment Services