

CONSENT TO RELEASE AND/OR UPDATE PERSONAL INFORMATION

PLEASE READ RELEASE BEFORE COMPLETING THIS FORM

The collection, use and disclosure of your personal information is done under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act. Your written consent enables SkilledTradesBC to disclose your personal information to an authorized individual or organization (your representative).

A. Individual Information

Please print clearly and return form to the address noted above

SkilledTradesBC Individual ID #:	Program (Trade):	Date of Birth (MM/DD/YYYY):
Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Phone Number: ()	Secondary Phone Number: ()	Email Address:

B. Consent to Disclose My Personal Information

I authorize SkilledTradesBC to disclose personal information contained in my apprenticeship or exam challenge records to the representative named below. This authorization includes disclosure **INSIDE AND OUTSIDE OF CANADA** and **DOES NOT INCLUDE** medical, health, or special needs information which requires my separate written authorization for disclosure.

Representative to whom SkilledTradesBC may disclose my personal information:

Full legal name of representative: _____

Organization name (if applicable): _____

Address: _____

E-mail address: _____

Telephone/cell number: _____

Representative's relationship to me: _____

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C. Permission to Update Personal Information

I understand that by signing this form, I authorize SkilledTradesBC to process updates to my personal information received from the representative identified below:

The representative named below is allowed to schedule exams and update any personal information pertaining to my personal record:

Full legal name of representative:	_____
Organization name (if applicable):	_____
Address:	_____
E-mail address:	_____
Telephone/cell number:	_____
Representative's relationship to me:	_____

D. Declaration

My signature below signifies my consent for SkilledTradesBC to release my personal information to the representative under Section B and allows SkilledTradesBC to update my personal record when requested by my representative under Section C. This consent shall remain in effect until revoked in writing, which I reserve the right to do at any time.

Name of individual providing consent (print):	Date (MM/DD/YYYY):
Signature of individual providing consent:	Signature of witness: