



JUSTICE INSTITUTE
of BRITISH COLUMBIA

Permission to Release Student Records

Name of Student:	
JIBC Student Number:	
Date of Birth:	Telephone:
Mailing Address:	

Please check all that apply:

My student records may be released:

To myself. *As outlined in the attached signed instructions.

To the following persons and organizations:

Name(s) and addresses of parties to whom transcripts are to be sent	Fax Numbers

I hereby authorize the Justice Institute of British Columbia to release course histories, official student transcripts and *other information related to my studies at the JIBC as outlined above.

Signature of Student

Date

Release of Student Records – Fee Schedule

Services	Fees	Requested (please check)
A. Print and mail <i>Student Transcript</i> – student initiated request only	@ \$5.60 each (inc. tax)	
B. <i>Student Transcript</i> –same day service when available	@\$28.00 each (inc. tax)	
C. Search all JIBC Divisions and off-site archives for additional student records that can be released under FOIPOP Regulations	\$84.00 (inc. tax)	
D. Courier Service	Cost	
E. Other Services (specify)		
Total fees and charges:		
(GST/HST# 107554735)		

Office use:

Records issued by (Staff initials):	Date Paid:	Invoice #	Date Sent
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Registration Office – 715 McBride Boulevard, New Westminster, BC V3L 5T4 Fax 604-528-5653