

Agent Information and Release for International Students

STUDENT'S NAME:	
DATE OF BIRTH:	GENDER:
ADDRESS:	CITY, COUNTRY:
PHONE NUMBER:	EMAIL ADDRESS:
AGENT NAME:	
AGENCY:	EMAIL ADDRESS:

I hereby authorize the Justice Institute of British Columbia to release admissions, registration and tuition information to the above mentioned organization.

Student Signature

Date

Please forward a signed copy of this form to admissions@jibc.ca