

Authorization for Release of Student Information

Student Contact Information

First Name	Last Name
Student Number	Date of Birth
Street Address	City
Province	Postal Code
Contact Phone	Email

I hereby authorize the Justice Institute of British Columbia to release educational records as outlined below, in accordance with the JIBC Student Records Policy.

Signature of Student

Date

Name(s) and addresses of parties to whom records are to be sent

Service	Cost	Check all that apply
Official JIBC Transcript (requested by third party)	\$26.25 (GST included) per copy	
Education Verification	\$26.25 (GST included) per copy	
Solicitor Request	\$111.42 (GST included) Additional fees may apply	

Payment

☐ Visa ☐ Mastercard ☐ Cheque ☐ Debit (in-person only)

Credit Card Number	Expiry Date (MM/YY)
Name on Card	CVV

JIBC Registration Office
715 McBride Blvd, New Westminster, BC, V3L 5T4 | Email records@jibc.ca | Fax 604.528.5653