



Third Party Waiver/Release of Information Form for Dual Credit partnership programs

Submit form to Student Enrolment Services on any campus.

Student Name:			
First Name	Last Name	Date of Birth (dd/mm/yy)	KPU Student Number <i>(office use only)</i>

Part I – Student Information

I authorize **Maple Ridge School District** and _____ access to the following information:
(optional: print name of additional person)

Academic status
 Convocation information (only for CTC/Youth TRN Foundations)
 Enrolment status information
 Grades
 Registration information (including current registration status)
 Special needs documentation/Disability accommodations

Part II – Financial Information (Note: refund cheques will only be issued to the student, not a third party, even in cases where a waiver is in place)

I authorize **Maple Ridge School District** and _____ access to the following information:
(optional: print name of additional person)

Student account balance
 ~~Student awards~~
 ~~Student loan information~~
 Tuition and fees assessment

Part III – Student Transactions

I authorize **Maple Ridge School District** to carry out the following transactions on my behalf:

Add/drop courses
 Pay fees
 Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
 Other (specify) _____

Part IV – Duration (waivers are valid for a maximum of one year only from the start date)

This waiver will be valid for the following period:

From: Date (day/month/year) _____ To: Date (day/month/year) _____

IMPORTANT!! Access to online fee payment and registration services is controlled through each student’s User ID and PIN (password). It is the responsibility of each student to control access to their PIN. Under no circumstances will a student’s PIN be released to a third party, even in cases where a third party waiver has been signed.

Part V – Signature - Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. KPU considers a falsified waiver form as fraud.

Student signature	Date
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Office Use Only

Date received:	Received by:	Date entered (dd/mm/yy):
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