



CONTACT SHEET AND CONSENT TO DISCLOSE PERSONAL INFORMATION

Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Postal Code: \_\_\_\_\_ / \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship \_\_\_\_\_

While attending JARTS Refrigeration School it is necessary for the facility and its administrators to release personal information to companies listed below in order to submit grades and complete examination and certification requests. We will also require your email address to be kept on file for us for course notifications and registration information.

I, \_\_\_\_\_, consent to the release of my personal information as defined below by JARTS Refrigeration School of Surrey to the listed companies.

- INDUSTRY TRAINING AUTHORITY (ITA) - complete mailing address, phone number, registration and apprenticeship ID numbers for the purpose of training and official documents
- BC SAFETY AUTHORITY - complete mailing address, phone number, registration and apprenticeship ID numbers for the purpose of training and official documents
- EMPLOYER (Appropriate School District) - complete mailing address, phone number, registration and apprenticeship ID numbers for the purpose of scheduling training of education

If any of this information is no longer accurate up to date I, \_\_\_\_\_, agree to update it with the office at JARTS at my earliest convenience.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***TOMORROW'S TECHNOLOGY... TODAY!***

JARTS: #2 – 19560 96<sup>th</sup> AVENUE, SURREY, BC V4N 4C3

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