



Capilano University  
Centre for International Experience  
2055 Purcell Way  
North Vancouver, B.C.,  
Canada V7J 3H5  
Fax: 604.983.7576

**STUDENT RECORDS RELEASE FORM**

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All official permanent student records are securely stored in the Registrar's Office, and are considered confidential. The information on file for a student is always available to that individual. Information will not be given to any agency or person other than the student, unless the student has given their permission in writing.

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I give permission for the following person(s) to enquire about the status of my application and to act on my behalf.

**NAME:** \_\_\_\_\_

**AGENCY (WHERE APPLICABLE):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Important:**  
**Return this form with the application for admission.**