



Office of the Registrar  
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North Island College is governed by the Freedom of Information and Privacy Act (FIPPA) and as such is not able to discuss student progress and attendance with a parent/guardian without the permission of the applicant/student. Your signature below provides permission to your parent/guardian to access your student record information.

I give permission to share information about my student record, including grades, attendance and performance with my parent/guardian.

\_\_\_\_\_  
Applicant / Student Name (print) Birthdate

\_\_\_\_\_ has my permission to access my student records, registration and any personal information necessary for, or pertaining to, my application and enrolment at North Island College and to conduct student related business at North Island College on my behalf.

Permission is in effect:

From \_\_\_\_\_ To: \_\_\_\_\_  
MONTH / DAY / YEAR MONTH / DAY / YEAR

**Student Authorization:**

I hereby give authorization as identified above:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_