



# CONSENT FOR AUTHORIZED AGENT REPRESENTATIVE

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**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

This form is for applicants to BCIT who will receive assistance by a BCIT Authorized Agent Representative.

**THIS FORM MUST BE SUBMITTED WITH EACH APPLICATION.**

## SECTION A: AUTHORIZED AGENT CONTACT INFORMATION

Agent Company Name	Agent's BCIT Code
Phone	Agent Email
Agent Signature	Date

\*Non-authorized agent, please use "[Consent to Release Personal Information to Third Party](#)" form.

## SECTION B: STUDENT INFORMATION

Legal First Name	Legal Family/Last Name
BCIT ID Number	Birth Date (YYYY/MM/DD)

## SECTION C: CONSENT

I understand that:

- All communications will be sent to both my personal and [my.bcit.ca](mailto:my.bcit.ca) email accounts.
- It is my responsibility to update my personal contact information through [my.bcit.ca](mailto:my.bcit.ca)
- I authorize my Agent to act on my behalf for admission/registration to BCIT until I am enrolled into BCIT.
- My personal information is protected under the provision of the British Columbia Freedom of Information and Protection of Privacy Act and will be used by BCIT for research and statistical purposes subject to the provisions of the Act.

I have read and understood the above statements.

Student Signature	Date
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Form Directory of Records Classification: 2100-20