



# CANCEL AUTHORIZATION TO RELEASE PERSONAL INFORMATION TO A THIRD PARTY

ITA Customer Service  
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Please print clearly and return to the address noted above.

Complete this form and submit it to ITA Customer Service to cancel an existing third party authorization.

## A. Apprentice Information

ITA Individual ID #:	Program (Trade):		
Legal First Name:	Legal Middle Name(s):	Legal Last Name:	
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer		

## B. Witnessed Signature:

I hereby cancel my authorization for the ITA to release personal information to a third party except as I authorized upon registration with the ITA or otherwise authorized or required by law<sup>1</sup>.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at (city)\_\_\_\_\_.

Signed: \_\_\_\_\_

Witnessed: <sup>2</sup> \_\_\_\_\_

1 Upon registration apprentices authorize the ITA to use the personal information supplied on the apprenticeship registration form as well as any further information regarding their apprenticeship training and evaluation for the administration of the apprenticeship training program, program delivery, evaluation, and certification purposes, and to disclose the said personal information to other agencies and ministries of the provincial government, their current and future sponsors, educational institutions, private trainers, agencies and ministries of the federal government, and apprenticeship officials in other provinces and territories for the above purposes. Further, they have authorized the ITA to make the status of their certification and apprenticeship publicly available. Release of any other personal information which is not specifically allowed under FOIPPA requires written authorization by the individual.

2 Witness must be 19 years of age or older, and someone other than those named in section E as specified 3rd parties.