



CONSENT TO RELEASE AND/OR UPDATE PERSONAL INFORMATION

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

PLEASE READ RELEASE BEFORE COMPLETING THIS FORM

The collection, use and disclosure of your personal information is done under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act. Your written consent enables Industry Training Authority to disclose your personal information to an authorized individual or organization (your representative).

A. Individual Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade):	Date of Birth (MM/DD/YYYY):
Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Suite Number:	Mailing Address:	
City:	Province:	Postal Code:
Phone Number: ()	Secondary Phone Number: ()	Email Address:

B. Consent to Disclose My Personal Information

I authorize ITA to disclose personal information contained in my apprenticeship or exam challenge records to the representative named below. This authorization includes disclosure **INSIDE AND OUTSIDE OF CANADA** and **DOES NOT INCLUDE** medical, health, or special needs information which requires my separate written authorization for disclosure.

Representative to whom ITA may disclose my personal information:

Full legal name of representative:	_____
Organization name (if applicable):	_____
Address:	_____
E-mail address:	_____
Telephone/cell number:	_____
Representative's relationship to me:	_____



CONSENT TO RELEASE AND/OR UPDATE PERSONAL INFORMATION

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

C. Permission to Update Personal Information

I understand that by signing this form, I authorize ITA to process updates to my personal information received from the representative identified below:

The representative named below is allowed to schedule exams and update any personal information pertaining to my personal record:

Full legal name of representative:	_____
Organization name (if applicable):	_____
Address:	_____
E-mail address:	_____
Telephone/cell number:	_____
Representative's relationship to me:	_____

D. Declaration

My signature below signifies my consent for ITA to release my personal information to the representative under Section B and allows ITA to update my personal record when requested by my representative under Section C. This consent shall remain in effect until revoked in writing, which I reserve the right to do at any time.

Name of individual providing consent (print):		Date (MM/DD/YYYY):
Signature of individual providing consent:		Signature of witness: