



STUDENT INFORMATION

Student's Full Name _____

Date of Birth _____
(day/month/year)

E-mail Address _____
(student's personal email only*)

*Student is required to have regular access to the email provided on the form. Not providing student's valid email address will prevent them from receiving important updates from Douglas College regarding course registration, immigration updates, medical insurance, etc. **Agent, relative or business emails are not allowed.**

EDUCATION CONSULTANT / AGENT CONTACT INFORMATION

Company Name _____ Phone Number _____

Contact Person's Name _____ E-mail Address _____

Agent ID (If applicable) _____
(Agent ID can be found on the top right corner of the agreement)

INFORMATION WAIVER

I hereby give permission for Douglas College to disclose personal information pertinent to my admission and studies at Douglas College to the following. I understand I can revoke this permission in writing at anytime.

- Parent / Guardian / Other Name _____
- Consulting Company Name _____
- Partner School Name _____

Please allow the designated person/s access to the following information from:

_____ to _____
(day/month/year) (day/month/year)

Registration Information Admission Status Other

Douglas College collects personal information on students to fulfill its mandate in the educational process and in compliance with the Freedom of Information and Protection of Privacy Act of BC. Personal Information is any information that enables identification of an individual such as name, address, telephone number of any identifying number or symbol assigned to you.

EMERGENCY CONTACT INFORMATION

Surname / Last / Family Name _____ First / Given Name _____ Relationship to Student _____ Phone Number _____
(immediate family only)

Student Signature _____ Date _____