

AUTHORIZATION TO RELEASE PERSONAL INFORMATION TO A THIRD PARTY

 ITA Customer Service
 Suite 110 - 2985 Virtual Way
 Vancouver, BC V5M 4X7
 Tel: 778-328-8700
 Fax: 778-328-8701
 Toll Free: 1-866-660-6011

Please print clearly and return to the address noted above.

If you are using this form to authorize release of information to a third party, complete sections 3, 4, and 6. If you are using this form to cancel an existing authorization to release information to a third party, complete sections 7 and 8. Completed forms should be submitted to the ITA Customer Service Office.

Legal Last Name:	Legal First Name:	Legal Middle Name (s):
Registration Number (TWID):	Trade(s)	

1. Legal Authority to Release Personal Information

Under the Freedom of Information and Protection of Privacy Act (FOIPPA), the Industry Training Authority (ITA) is prohibited except where authorized under the Act (such as where the individual provides written consent) from releasing personal information to anyone other than the individual. Parents, legal guardians and/or spouses are considered third party individuals, and are not allowed access to the ITA records without the written consent of the individual¹.

2. Permission to Discuss and/or Release my Personal Information

I understand that by signing this form, I grant the ITA permission to discuss and/or release information defined in section 3 below pertaining to my apprenticeship to the third parties [person(s) or entities] specified in section 4 below to use as they see fit. Information regarding special needs and medical /health information are excluded from this authorization, and will not be released without my additional, specific written authorization. Provision of information to persons or entities outside of Canada is excluded from this authorization, and will not be released without my additional, specific written authorization.

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.

**AUTHORIZATION TO RELEASE
PERSONAL INFORMATION TO A
THIRD PARTY**ITA Customer Service
Suite 110 - 2985 Virtual Way
Vancouver, BC V5M 4X7
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011

Please print clearly and return to the address noted above.

3. Limitation of Information to be Released (Please check one.) **OPTION A**

The release of all industry training program information to persons or entities in Canada specified in Section 4 below, excepting medical/health or special needs information, is at the discretion of the ITA, and includes, but is not limited to contact information and records from my official ITA transcript related to technical training and work-based training credit, marks, equivalencies and certification.

 OPTION B

The release of industry training program information described in OPTION A above, EXCEPT for the following:

4. Specified Third Parties:

Until my consent is revoked by written notice to the ITA, I authorize the release of my personal information defined in section 3 above, to the following third parties² :

NAME: _____	RELATION: _____
NAME: _____	RELATION: _____
NAME: _____	RELATION: _____

5. Liability Waiver:

I hereby release, remise and forever discharge the Industry Training Authority and its staff from any and all claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of information.

6. Witnessed Signature:

Dated this _____ day of _____ 20____, at (city)_____.

Signed: _____

Witnessed:³ _____

² This authorization will be retained by the ITA, and considered in full force and effect until revoked in writing by the signatory.

³ Witness must be 19 years of age or older, and someone other than those named in section 4 as specified 3rd parties.

**AUTHORIZATION TO RELEASE
PERSONAL INFORMATION TO A
THIRD PARTY**ITA Customer Service
Suite 110 - 2985 Virtual Way
Vancouver, BC V5M 4X7
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011

Please print clearly and return to the address noted above.

**CANCELLATION OF PRIOR AUTHORIZATION TO RELEASE
INFORMATION TO A THIRD PARTY****7. Cancelling the Authorization: (Complete this section and submit it to ITA Customer Service to cancel an existing third party authorization.)**

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 law⁴.

8. Witnessed Signature:

Dated this _____ day of _____ 20____, at (city)_____.

Signed: _____

Witnessed:⁵ _____

⁴ See footnote 1.

⁵ Witness must be 19 years of age or older, and someone other than those named in section 4 as specified 3rd parties.