

Freedom of Information Consent

Student International Travel

I hereby consent to the University of the Fraser Valley and its representatives, collecting, using and disclosing the following information to the following persons/organizations for the following purposes:

Information	To Whom	Purpose of Disclosure
Status at UFV: - Attendance - Whether attending UFV	 Citizenship and Immigration Canada Canada Border Services RCMP Law Enforcement Agencies Sponsoring Organization or Agency 	 To ensure compliance with Study Permit Verify student status Inform of student academic standing and progress
Student Contact Information: - address, phone number(s), email and other coordinates	 Citizenship and Immigration Canada RCMP Emergency Contact B.C. Medical Services Plan Family and/or Legal Guardian UFV Academic Administration 	Ability to communicate with studentContact purposesConfirm health & safety
Medical and Well-being	Family and/or Legal GuardianEmergency ContactUFV Student ServicesUFV Academic AdministrationHost Family	- Ensuring support systems are available to student when required
☐ I have read the above, understand it, and agree to it.		
Name of Student —————		
Signature of Student		
Date		