Authorization to Release Own Personal Information to a Third Party

You may use this form to authorize The University of British Columbia ("**UBC**") to disclose information about you to another person.

Your name:	
If you are a current/former UBC employee or student, please provide your UBC ID and your date of birth to facilitate our search for your records.	**Your UBC ID:**
	Your date of birth:
Your email address:	**Your telephone number:**
What information you are authorizing us to disclose:	
Who the Information may be released to:	
Date this authorization expires (if applicable):	
Your signature:	**Today's date:**

Instructions: *Be specific about the type of records you are seeking (e.g. emails, spreadsheets, meeting minutes, agendas).*
Indicate where you believe the records are held (department, faculty, business unit etc.)
Provide a date range for the records you are seeking.
Return the completed form to access.and.privacy@ubc.ca