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Please email a completed and signed form to accountsreceivable@unbc.ca

Information Release Form Sponsorship/Third Party Billing

I	
(Student's Name)	
authorize the University of North	ern British Columbia to release to:
(Third Party Sponsor Name)	information regarding my:
Information regarding my: ☐ Attendance ☐ Academic progress ☐ UNBC Student financial records ☐ Awards granted ☐ Registration ☐ Contact information during or re ☐ Bookstore	elated to my sponsored program of study.
All information requested and receivenely be used for administrative purp	ved is deemed strictly confidential and will poses for managing my account.
(Student Name/Signature)	(Date dd-mmm-yr)
(Student ID Number)	