



Authorization to Release Educational Information

CLAIM NUMBER	ADJUSTER NAME	EMPLOYEE NUMBER
CLAIMANT NAME		

Date:

To whom it may concern:

I _____ or
 I, _____ parent/guardian of
 _____ a minor,

consent to and authorize any present and previous educational institutions, school boards, or other places where I have attended to receive instruction or education, to furnish to any representative of the Insurance Corporation of British Columbia all information relating to my attendance there, including but not limited to any and all academic records, scholastic achievements and attendance records in their possession.

Upon presentation of this authorization, or copy thereof, I direct you to permit the personal review, copying or photo copying of such records, information and evidence relating to my attendance, by any representative of the Insurance Corporation of British Columbia.

This is not a release of claim for damages.

 SIGNATURE

 ADDRESS

 PHONE NUMBER

Information collected with this form is done so in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act* and Section 9 of the *Insurance Corporation Act*. This information will be used primarily in the evaluation and settlement of your current claim. There is also a possibility it will be referenced on future claims you may have. Questions about this collection of personal information should be directed to your adjuster or you may also contact ICBC's privacy office at 151 W. Esplanade N. Vancouver, BC V7M 3H9 or call 604-661-2800.