

## CONSENT FOR THE DISCLOSURE OF PERSONAL INFORMATION REGARDING IBABC EDUCATION COURSE PARTICIPATION

I hereby consent to the Insurance Brokers Association of British Columbia (hereinafter referred to as IBABC) disclosing personal information pertaining to my participation in or completion of IBABC Education Department courses required for purposes of issuance, renewal or audit of my Insurance License.

IBABC is hereby authorized to disclose the aforementioned personal information to:

- The Insurance Council of British Columbia
- My Employer, as outlined below
- Other (*please specify*): \_\_\_\_\_

*(Please indicate all that apply)*

If I wish to review personal information pertaining to my participation in IBABC Education Department courses, obtain copies of IBABC's privacy policy or standards, or make other enquiries or express concerns, I understand that I may do so by contacting IBABC's privacy officer.

Full Name: \_\_\_\_\_  
*(Please Print)*

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

*Please submit this form to the IBABC Education Department*

*By mail:* Insurance Brokers Association of B.C.  
543 Granville Street, Suite 1600  
Vancouver, BC V6C 1X8

*By fax:* 604-683-8497

*Scan & email:* [frontdesk@ibabc.org](mailto:frontdesk@ibabc.org)