

## 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: \_\_\_\_\_

*Mail or fax this form to the Education Department at:  
Insurance Brokers Association of B.C.  
1300 – 1095 West Pender St.,  
Vancouver, BC V6E 2M6  
Fax: 604-683-8497*