Consent for Disclosure of Personal Information / Departmental Transfer

Student Name: _____ Fire Dept.: _____

The personal information on this form is collected and protected under the authority of the P file without authorization. This form is for
authorize NBCC to

disclose certain information to certain parties.

By signing below, I authorize NBCC to disclose information as indicated in the appropriate box(es) below:
If you do not want NBCC to release information to the defaulted fields bellow please indicate accordingly.

[redacted] rmation to be provided | Fire Chief | Association Training Representative | [redacted] | Other (please specify)