



CHANGE AGENT REQUEST FORM

In compliance with the Freedom of Information and Protection of Privacy Act, Coast Mountain College (CMTN) requires written authorization from the student to release their information to a new educational agency. By completing this form, you authorize the release of specified information. However, the listed agency must still formally request this information from Coast Mountain College.

I _____ , _____
(Student's full legal name) (CMTN Student Number)

would like to request a change of agent *from* _____
(Current Agency Name)

to _____ .
(New Agency Name)

Reasons to change:

**Note: Please provide a clear explanation/valid reason(s) for reviewing and evaluation process.*

By signing this form, all parties acknowledge the College's thorough review process for an authorized agency change. The College may conduct additional investigations as necessary. A decision will be reached within 10-15 business days after submission.

Student Signature: _____ Date: _____

New Agency Contact Information

Agent Name: _____
Address: _____

Email: _____
Phone: _____

Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY DATE RECEIVED: _____

RECEIVED BY: