

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 Pile 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 below please indicate accordingly.

Information to be provided	Fire Chief	Association Training Representative	Other (please specify)