Information Release Consent Agreement

Please complete and fax or mail form to CSI:

Fax: 1 (866) 866-2660 (Canada & USA) or 416-359-0486

Address: 200 Wellington Street West, 15th Floor
Toronto, ON, M5V 3C7

PERSONAL INFORMATION ***Mandatory Information*** (Please use CAPITAL letters.)

Student Number : | | | | | | | | | **Identity Verification:** Birthdate (yyyy/mm/dd): | | | | | | | | |

First Name: _____ Last Name: _____

Gender: ○ Male ○ Female Language preference for communication: ○ English ○ French

Have you been previously enrolled with CSI or ICB? ○ Yes ○ No If yes, what course (most recently)? _____

Your email address is required to provide confirmation and access to CSI tools and resources.

Preferred Email Address: _____ Alternate Email Address: _____

Home Telephone: | | | | | | | | | | Business Telephone: | | | | | | | | | |

Business Address

Employer: _____

Street Address: _____ Suite/Floor: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Home Address

Street Address: _____ Suite/Apt.: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

POLICY

CSI will not disclose a student's personal information (i.e., enrollment information, student marks and performance) to anyone, including his/her employer(s), without the student's prior written consent. There are three exceptions to this policy:

1) CSI may provide student information to industry regulators including but not limited to the provincial securities commissions, stock exchanges and the Investment Industry Regulatory Organization of Canada ("Regulators"), who are already entitled to student information.

2) CSI may notify a student's employer or the Regulators of the relevant details, depending on the outcome of CSI's student discipline process, under circumstances when a student has been involved in unethical practices, such as cheating on an examination.

3) A situation could arise in which CSI's disclosure of student information is required by law, regulation, search warrant, subpoena or court order.

AGREEMENT

I consent to CSI collecting, using and disclosing my personal information to: (i) provide me with the Services; (ii) to contact my employer about my eligibility for the Preferred Pricing Rates; and (iii) to disclose my status with CSI and my performance in CSI courses to my employer.

Further, I consent that from time to time I may be contacted by my employer or CSI for the purpose of: (i) providing personal information to CSI to allow it to consolidate and calculate my compliance with the Regulators' continuing education requirements of me; and (ii) disclosing such information to my employer to facilitate management of its compliance requirements with the Regulators.

The consent provided herein may be revoked, in whole or in part, by me by providing CSI with ten (10) business days prior written notice delivered to 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA. By doing so, I acknowledge that I may continue to enroll and subscribe for the Services but that the Services will not be made available to me at Preferred Pricing Rates. Students who revoke their consent forfeit any preferred pricing and will be responsible for paying the incremental fees applicable to private students.

By signing below, I confirm that I understand and consent to the collection, use and disclosure of my personal information by CSI.

Student Signature: _____ Date: _____

Employer/Educational Institution: _____

Manager/Instructor's Name: _____ Manager/Instructor's Phone Number: _____

If your employer has instructed you to provide them, please enter your Employee Number: _____ Branch Transit Number: _____

NOTE : Applicable refunds will be processed only if your request is received within thirty (30) days of the processing of your order.