



CONSENT TO RELEASE STUDENT’S UNIVERSITY INFORMATION

I, Student #

hereby authorize and consent to the release of any and all information contained in, or part of my Faculty student record file to the following:

Name:

Relation/Organization:

Name:

Relation/Organization:

Name:

Relation/Organization:

With the following exceptions(s), (i.e., fees, grades, summer registration, etc.):

Student’s Signature

Date:

If no expiry date is written, this consent will remain in effect for 12 months from the date signed above.

Expiry Date: