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## **WAIVER OF RIGHT TO PRIVACY**

**AND**

## **CONSENT TO RELEASE RECORDS**

For the purpose of my participation in the Cooperative Education Program at the University of Manitoba, I hereby waive the right to privacy and consent to the release of my academic records as may be required for the proper administration of that program. I expressly grant permission for the administrators and staff of that program to receive copies of my grade reports, and other documents of my academic records that relate to my participation. Such records may include but not be limited to personal resume, transcripts of credits, letters of recommendation, employment applications, and other documents relating solely to employment.

I further authorize the University of Manitoba to release its records relating to my participation in its Cooperative Education Program to prospective and current employers, to faculty whose assignments require access to them, and to administrators and staff persons whose responsibilities require them for effective performance in student activities.

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Student Number

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Student Signature

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Date