



**CONSENT for RELEASE of PERSONAL INFORMATION**

(See below for a guide to completing this form. See also the definition of 'personal information.')

(1) I, (print name) \_\_\_\_\_

(2) a graduate of the Faculty of Medicine, at the University of Manitoba,

(3) authorize The Faculty of Medicine at The University of Manitoba

(4) to release Verification of Undergraduate Medical Education or Postgraduate Medical Education.

(5) This personal information can be released to (give the name of the public body, organization, or individual):

\_\_\_\_\_  
\_\_\_\_\_

(6) for the purpose of verification of undergraduate medical education or postgraduate training – residency or internship programs.

I hereby state that I have read and understood the contents of this Consent for Release of Personal Information. I HEREBY GIVE MY CONSENT FOR THE RELEASE AND USE OF THE SPECIFIED PERSONAL INFORMATION AND I DECLARE THAT THIS CONSENT HAS BEEN GIVEN VOLUNTARILY.

(7) Date: \_\_\_\_\_ (8) Signature: \_\_\_\_\_

The public body, organization, or individual receiving this personal information is directed not to use the information for any other purpose than that stated above. The recipient is also directed not to further release this personal information without the further written permission of the individual that the information is about.