400 UMSU University Centre Winnipeg MB R3T 2N2 Canada Tel: 204-474-9420

Registrar.Office@umanitoba.ca

Third Party Consent

This form is for students to consent to release their undergraduate or graduate Academic information.

The University is committed to protecting the privacy of your academic record. Personal information collected is kept confidential. We will not release any information pertaining to your student record without your prior written consent.

By submitting your consent in advance, you can authorize one or more persons (third parties) to access your information, to obtain documents or to complete transactions on your behalf.

STUDENT INFORMATION:	
Student Number:	Last Name(s):eave blank if unknown
Given Name(s):	Previous Name(s) (If Applicable):
(Print first and last name)	Hereby authorize and consent to the release of any and all information contained
in my University of Manitoba stud	
Name :	Relation / Organization title :
Name :	Relation / Organization title :
Name :	Relation / Organization title :
If you wish to authorize the 3rd p	party to access your entire record, indicate "NO EXCEPTIONS." Otherwise, indicate any exception
below (e.g. fees, grades, summer	
If this form is not submitted by the stu	dent, in person, it must be accompanied by one copy of a valid photo ID belonging to the student.
Student signature:	Date :
IMPORTANT NOTEC	

IMPURIANT NUTES:

This form will remain in effect until the end of the current Academic year (August 31st).

You can revoke consent at any time with the Registrar's Office.

This form cannot be used to reset a student's Aurora pin.

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University