



**CONSENT TO  
RELEASE OF APPLICANT'S UNDERGRADUATE INFORMATION**

I \_\_\_\_\_ Student Number \_\_\_\_\_  
(PLEASE PRINT)

hereby authorize and consent to the release of any and all information contained in, or a part of, my University of Manitoba Undergraduate application to the Faculty of \_\_\_\_\_ to the following person(s);

Name \_\_\_\_\_ Relation / Organization Title \_\_\_\_\_

Name \_\_\_\_\_ Relation / Organization Title \_\_\_\_\_

Name \_\_\_\_\_ Relation / Organization Title \_\_\_\_\_

With the following exception(s): \_\_\_\_\_  
(ie: fees, grades, summer reg. etc.)  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS CONSENT WILL REMAIN IN EFFECT UNTIL ENROLMENT SERVICES OFFICE IS NOTIFIED OTHERWISE IN WRITING.**