



UNIVERSITY OF MANITOBA

Faculty of Arts

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CONSENT OF
RELEASE OF STUDENT'S UNIVERSITY INFORMATION

I, _____, student number, _____, 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 person(s):

Name: _____ Relation/Organization: _____
Name: _____ Relation/Organization: _____
Name: _____ Relation/Organization: _____

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

Expiry Date*: _____

Signature: _____ Date: _____

*If no expiry date is provided, this consent will expire 12 months from the date this form is signed.

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