



Asper School of Business

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

I, _____ Student Number _____

Hereby authorize and consent to (please select one or both)

- the RELEASE of any information contained in, or a part of, my University of Manitoba student record to the following:

and/or

- the following ACTING ON BEHALF of myself with respect to my University of Manitoba student record (i.e. registration, fee payment, etc):

Name _____ Relation / Organization Title _____

Name _____ Relation / Organization Title _____

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

Student's signature: _____

Date: _____

Asper Program Advisor's signature: _____

Date: _____

This consent will remain effect for 12 months from above date.