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.