

CONSENT TO RELEASE STUDENT'S UNIVERSITY INFORMATION

l,		Student #	
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:			
Name:			
Relation/Organization	::		
Name:			
Relation/Organization	1:		
Name:			
Relation/Organization	:		
With the following exce	eptions(s), (i.e., fees, grades, summer registra	tion, etc.):	
Student's Signature			Date:

If no expiry date is written, this consent will remain in effect for 12 months from the date signed above. Expiry Date:

Statement of Purpose: This personal information is being collected under the authority of the University of Manitoba Act and is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Access & Privacy Office (Tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.