



**University  
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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.*