



**University
of Manitoba**

Enrolment Services

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

I _____ Student Number _____
(PLEASE PRINT)

hereby authorize and consent to the release of any and all information contained in, or a part of,
my University of Manitoba Undergraduate application to the Faculty of _____ to
the following person(s);

Name _____ Relation / Organization Title _____

Name _____ Relation / Organization Title _____

Name _____ Relation / Organization Title _____

With the following exception(s): _____
(ie: fees, grades, summer reg. etc.)

Signature: _____ Date: _____

**THIS CONSENT WILL REMAIN IN EFFECT UNTIL ENROLMENT SERVICES
OFFICE IS NOTIFIED OTHERWISE IN WRITING.**