



Consent to Release of Graduate Applicant's Information

I, _____ Student/Applicant Number (if applicable) _____
PLEASE PRINT NAME

Hereby authorise and consent to the release of any and all information contained in, or as part of, my University of Manitoba Graduate application to the Asper MBA, MFin or MSCM Program to the following person(s):

Agency _____

Name _____ Relation/Organization Title _____

Name _____ Relation/Organization Title _____

Name _____ Relation/Organization Title _____

With the following exception(s) (*fees, grades, etc*) :

Signature _____ Date _____

MM/DD/YYYY

This consent will remain in effect until the Asper Office is notified otherwise in writing.