

STUDENT SERVICES

Consent to Release Student Information

TO BE COMPLETED BY THE STUDENT

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: _____ If no expiry date is provided, this consent will expire 12 months from the date this form is signed.

Signature: _____ Date: _____

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of obtaining authorization from a student for a third party to act on his or her behalf. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.