

**Extended Education (General Studies)**  
**University of Manitoba**  
**CONSENT for RELEASE of**  
**STUDENT'S UNIVERSITY INFORMATION (Third-Party Consent)**

This form is for students to consent to release their undergraduate information.

The University is committed to protecting the privacy of your academic record. Personal information collected is kept confidential. We will not release any information pertaining to your student record without your prior written consent.

**STUDENT INFORMATION:**

Last Name(s):	Given Name(s):
UM Student #:	

I, \_\_\_\_\_ Hereby authorize and consent to the release of any and  
(Clearly Print first and last name)

**all information contained in my University of Manitoba record to the following:**

Name: \_\_\_\_\_ Relation/Organization: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation/Organization: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation/Organization: \_\_\_\_\_

**If you wish to authorize the 3<sup>rd</sup> party to access your entire record, indicate "NO EXCEPTIONS".**

**Otherwise, indicate any exception below (e.g., 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.)

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notice Regarding Collection, Use, and Disclose of Personal Information by the University  
Your personal information is being collected under the Authority of The University of Manitoba Act. The information you provide will be used by the Extended Education, General Studies for the purpose of producing your consent request. 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: 204.474.7559), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB R3T 2N2.