



UNIVERSITY
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Extended Education

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CONSENT OF RELEASE
OF STUDENTS 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.

The personal information on this form is being collected under the authority of The University of Manitoba Act. This information will be used for the purpose of obtaining authorization from a student for a third party to act on his or her behalf. Your personal information is protected by the Protection of Privacy of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FIPPA/PHIA Coordinator's Office, (tel. 204-474-8339) University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB R3T 2N2.