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## CONSENT OF RELEASE OF STUDENT'S UNIVERSITY INFORMATION

I,	, student number,	, hereby authorize
	any and all information contained in, or part	
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, et	to)
with the following exception	(s) (i.e. rees, grades, summer registration, et	u.).
Expiry Date*:		

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

Signature: \_\_\_\_\_

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Date: