

Student Advising Services Dean's Office 134 Fletcher Argue Building University of Manitoba Winnipeg, Manitoba Canada R3T 5V5 Telephone (204) 474-9100 Facsimile (204) 474-6430 Email arts_inquiry@umanitoba.ca

CONSENT OF RELEASE OF STUDENT'S UNIVERSITY INFORMATION

| I, | , student number, | , hereby authorize |
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| | any and all information contained in, or part | |
| file to the following person(s) |): | |
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| Name: | Relation/Organization: | |
| Name: | Relation/Organization: | |
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| With the following exception | (s) (i.e. fees, grades, summer registration, et | to) |
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| Expiry Date*: | | |
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*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: