



CONSENT TO RELEASE OF APPLICANT'S UNDERGRADUATE / GRADUATE INFORMATION

I, _____ Student Number: _____
(PLEASE PRINT)

Hereby authorize and consent to the release of any and all information contained in, or part of, my University of Manitoba student record to the following:

Name: _____

Relation / Organization Title: _____

Name: _____

Relation / Organization Title: _____

Name: _____

Relation / Organization Title: _____

With the following stipulated exception(s) (i.e., fees, grades, summer registration, etc.):

Signature: _____ Date: _____

THIS CONSENT WILL REMAIN IN EFFECT FOR **12 MONTHS** FROM THE ABOVE DATE

Notice Regarding Collection, Use, and Disclosure 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 University for the purpose of obtaining your consent for the exchange of your personal information between the specified individuals or University offices. 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.