



Release of Information Form

By my signature and initials, I

Student Name (printed as it appears on student record)

hereby give my consent to allow

Full Name Printed and Signature

the release of any information pertaining to my:

a. Academic Record and Progress

and / or

Student initials

b. Financial Record

Student initials

Duration of Consent:

Expiry date of consent

Student initials

Relationship of Student to Person Receiving Consent of Information (Please circle)

a) Mother or Father

b) Guardian

c) Spouse

d) Other:

(please specify)

Student Signature

Date

Student ID Number