



## AUTHORIZATION FOR RELEASE OF INFORMATION

Please Print

I hereby give my consent for the University College of the North (UCN) to disclose personal information pertinent to my application and studies to my parent/guardian/sponsor/other.

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surname: \_\_\_\_\_ Given: \_\_\_\_\_ Middle: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Sponsor/Employer Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Other Name: \_\_\_\_\_

**NOTE: if no end date is listed on this document then the end date will be one year from the start date listed** **Academic Inquiries:**

- Attendance Records
- Application/Waitlist Status
- Current Status (Full/Part-time, Regular/Probation/Suspension status, etc.)
- Unofficial Transcript
- Registration/Withdrawal/Schedule Information

**Financial Information:**

- Amount owing on account
- Payments applied to account
- Registration/Financial Statement(s)
- Status of accounts (past due, registration cancelled, etc.)

Other (please specify): \_\_\_\_\_

By signing this form, I am explicitly granting access to elements of my personal/academic information to the persons and organizations designated on this document. This form will be valid for ONE year from the date signed. However, I have the right to withdraw my consent at any time by giving notice in writing to the Enrolment Services Office. It is my responsibility to become familiar with UCN's policies and read the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA) which both apply to UCN.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN TO:**

Mail: University College of the North  
c/o Enrolment Services Office  
P.O. Box 3000  
The Pas, MB

Fax: 204-627-8514  
Email: admissions@ucn.ca