



## AUTHORIZATION FOR RELEASE OF INFORMATION

Please Print

I hereby give permission for the University College of the North to disclose personal information pertinent to my application and studies at the University College of the North 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 person designated on this document. This form will be valid for ONE year from the date signed. However, I have the right to rescind this permission at any time by making application in person to Enrolment Services. It is my responsibility to become familiar with the University College of the North's policies and read the Freedom of information and Protection of Privacy Act (FIPPA).

**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