



Release of Information

I, _____ hereby authorize and consent to the release of information to:

Name/Title

Organization/Relationship

I understand that the agency, organization or individual will have access to assessment related to admissibility, admission and course registration documents, attendance reports, progress reports, academic performance status, and financial account information.

Valid during the _____ academic year. The UCN academic year is July 1 to June 30 of the following year.

Student's Signature

UCN Student Number

Date

This information collected will be used to identify a third party that the student authorizes to act on his/her behalf.

NOTE: Personal information collected on this form is collected under the general authority of the *UCN Act*, and is protected by the Manitoba Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection and use of this information, please contact the FIPPA Coordinator, PO Box 3000, University College of the North, The Pas MB R9A 1M7, (204) 627-8500.

c. Student file