

Release of Information Authorization

STUDENT INFORMATION (Please Print)

Last Name				First Name				Middle Name			
Student Number				Date of Birth (dd/mm/yyyy)							

I authorize the University of Saskatchewan to release information as specified to the following individuals/organizations about my record(s) which directly pertains to the University of Saskatchewan.

Release 1

Name				Relationship/Organization				Expiry Date (dd/mm/yyyy)			
Purpose of Release				Specify information authorized for release							
<input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Other											

Release 2

Name				Relationship/Organization				Expiry Date (dd/mm/yyyy)			
Purpose of Release				Specify information authorized for release							
<input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Other											

Release 3

Name				Relationship/Organization				Expiry Date (dd/mm/yyyy)			
Purpose of Release				Specify information authorized for release							
<input type="checkbox"/> Personal <input type="checkbox"/> Academic <input type="checkbox"/> Financial <input type="checkbox"/> Other											

By signing below I acknowledge that I have read and understand this document and authorize the University of Saskatchewan to release information to the above individuals/organizations. I also understand that this authorization will remain on file and serve as an ongoing authorization while I am a University of Saskatchewan student unless an expiry date has been indicated on this form. I also acknowledge that I may withdraw this authorization at any time by signed written letter.

Signature of Applicant						Date (dd/mm/yyyy)	

RETURN THIS FORM TO: