



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 Academic Financial Other		Specify information authorized for release	

Release 2

Name		Relationship/Organization	Expiry Date (dd/mm/yyyy)
Purpose of Release Academic Financial Other		Specify information authorized for release	

Release 3

Name		Relationship/Organization	Expiry Date (dd/mm/yyyy)
Purpose of Release Academic Financial Other		Specify information authorized for release	

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 will be valid for two years after I sign it unless an earlier 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)
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Please return form to:

STUDENT CENTRAL
105 Administration Place ■ University of Saskatchewan ■ Saskatoon, SK S7N 5A2 Canada
Email: askus@usask.ca ■ Website: students.usask.ca ■ Tel: (306) 966-1212, Toll Free (in Canada) 1-877-650-1212 ■ Fax: (306) 966-6730