



Access to Information and Protection of Privacy - The information on this form is collected under the authority of the *Memorial University Act (RSNL 1990 Chapter—7)* and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 864-8260.

RELEASE OF INFORMATION FORM

NAME: _____ e-mail: _____@mun.ca

ADDRESS: _____

MEMORIAL UNIVERSITY STUDENT NUMBER: _____

Please note that a student may request an official transcript, which may be sent directly to a third party, through Memorial Self-Service at www.mun.ca.

I authorize Memorial University of Newfoundland to provide the following information to _____ [insert name of parent, guardian, or third party such as insurance company, financial institution, etc.]:

- my name, current address and telephone number
- my email address
- my date of birth
- my Memorial University Student Number
- my current program of study and current student status
- my current class schedule
- confirmation of dates of enrolment
- my degree(s) awarded by Memorial University and date(s) awarded
- my MCP number
- my gender, marital status
- other personal information about me. [Please specify]

Reason for release [please describe the purpose of the authorization, such as to respond to an enquiry concerning my Education Fund, or to provide information to the above-named third party about all matters concerning my academic status, or to provide information to the above-named third party about all matters pertaining to me as a student, etc.]:

This consent is valid for:

- the current academic semester
- the current academic year
- the duration of my studies at Memorial University
- other [Please specify] _____

Signature: _____

Date: _____