



# Release of Information Consent Form

Registrar's Office · 62 York St, Sackville NB E4L 1E2 · Ph: (506) 364-2269 · Fax: (506) 364-2272 · regoffice@mta.ca

Last Name	First /Preferred Name	E-mail Address	Phone Number	Student ID #
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I hereby grant permission to Mount Allison University to release the following information to the person(s) named below:

**PERMISSION IS GRANTED TO RELEASE THE FOLLOWING INFORMATION:**

Please check the appropriate box(es):

Any of my student information (please note Mount Allison University does not release account username & password)

Academic information only (excluding grades; students must request a transcript to release their grades to a third party)

Student financial account information only

Only the information specified here: \_\_\_\_\_

**TO THE FOLLOWING PERSON(S) UPON REQUEST:**

Name: \_\_\_\_\_ Contact info (email/Phone): \_\_\_\_\_

Name: \_\_\_\_\_ Contact info (email/Phone): \_\_\_\_\_

Name: \_\_\_\_\_ Contact info (email/Phone): \_\_\_\_\_

**FOR THE FOLLOWING PERIOD OF TIME:**

Until such time as I revoke permission (contact Registrar's Office)

For the duration of my time at Mount Allison University

For the Academic Year (e.g., 2023-2024) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Witness signature – person not named above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness – print name

\_\_\_\_\_  
contact information (email/phone)