

## AUTHORIZATION FOR RELEASE OF INFORMATION

Please Print

I hereby give my consent for the University College of the North (UCN) to disclose personal information pertinent to my admission application and studies to my sponsor and/or parent/guardian and/or other as recorded below.

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surname: \_\_\_\_\_ Given: \_\_\_\_\_ Middle: \_\_\_\_\_

- Sponsor/Employer Organization: \_\_\_\_\_ Sponsor ID No.: \_\_\_\_\_  
(Record Name in full: No Abbreviations)

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

- Parent/Guardian (Name): \_\_\_\_\_
- Other (Name): \_\_\_\_\_

**NOTE:** This information release is good for the Academic year in which it was submitted and will expire July 31<sup>st</sup>, prior to the Fall term of the next Academic year.

- **Academic Information:**

Information released includes, but is not limited to attendance records (if available), admission application status, current enrolment status (full/part-time), academic performance, course and schedule information, unofficial transcript.

- **Financial Information:**

Information released includes, but is not limited to amount owing, payments applied to account, financial statements, status of account.

Information NOT to be disclosed (please specify): \_\_\_\_\_

By signing this form, I am explicitly granting access to elements of my personal/academic information to the persons and organizations designated on this document. This form will be valid for the Academic year in which it was submitted and will expire July 31<sup>st</sup>, prior to the Fall term of the next Academic year. However, I have the right to withdraw my consent at any time by giving notice in writing to the Enrolment Services Office. It is my responsibility to become familiar with UCN's policies and read the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA) which both apply to UCN.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### RETURN TO:

Mail: University College of the North  
The Pas Campus – Enrolment Services  
P.O. Box 3000  
The Pas, MB R9A 1M7  
Fax: 204-627-8514  
Email: [admissions@ucn.ca](mailto:admissions@ucn.ca)

University College of the North  
Thompson Campus – Student Services  
55 UCN Drive  
Thompson, MB R8N 1L7  
Fax: 204-677-6416  
Email: [admissions@ucn.ca](mailto:admissions@ucn.ca)