



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 # |
|-----------|-----------------------|----------------|--------------|--------------|
|-----------|-----------------------|----------------|--------------|--------------|

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 TO CATH () T; c (do) (es) (not)