Memorial University of Newfoundland
Office of the Registrar
Undergraduate Admissions

Authorization to Release Information

Name: _____
Last/Family Name First Name Middle Name/Initial

Birth Date: _____
Day, Month, Year

I authorize Memorial University to release information concerning my application and eligibility for admission and awarding of transfer of credits to the following person on my behalf

Name of Agency: _____

Contact Name: _____

Please note that in some cases, Memorial University will courier letters to students or agents at international addresses. In order for mail to be accepted by couriers, the address must be a clear street or delivery address.

Agency Address: _____

_____

_____

Phone #: _____ Fax #: _____

E-mail address: _____

The Registrar's Office will communicate with you concerning your application and eligibility for admission primarily by mail and occasionally by e-mail or telephone. Additional copies of mail or messages, to be sent to your home or agent's address, must be requested separately.

I understand that:

- I am fully responsible for conveying my personal wishes regarding communication between my agent and I to my agent or representative.
- This waiver does not change my responsibilities as stated in the declaration on my application for admission to Memorial University.
- If accepted and enrolled at Memorial University, communication regarding my records and academic history at Memorial will only be through my permanent personal address on file.
- If I wish to remove the authorization for this agent or representative to act on my behalf for admission communication, that I must make a separate request to the Office of the Registrar of Memorial University in writing.

Student's _____ Witness: _____
Signature Signature

Date: _____

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