



RELEASE 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: _____