



Memorial
University of Newfoundland

RELEASE OF INFORMATION FOR EDUCATIONAL SCHOLARSHIP TRUST
FUNDS

Student number: _____

I _____, allow representatives from the Office of the Registrar at Memorial University to discuss my application for an educational scholarship trust fund with the following individual (s)

I understand that discussions relating to my educational scholarship trust fund may involve my academic information at Memorial University.

This consent is valid:

- for the current/upcoming academic semester
- until the expiry of the educational scholarship trust fund

Signature: _____ Date: _____