



Access to Information and Protection of Privacy - The information on this form is collected under the authority of the *Memorial University Act (RSNL 1990 Chapter —7)* and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 864-8260.

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: _____