



THE UNIVERSITY OF WINNIPEG

Authorization for Release of Information

Student Name: _____

UW Student Number: _____

This authorization is to release information to the Credit Institute of Canada – Sandra Sousa, Education Programs Coordinator or designate for the duration of my enrolment in Credit Institute of Canada courses (designated by section 475) offered by The University of Winnipeg. This authorization will terminate upon the distribution of the final grades for the course(s) as indicated below.

This form is to authorize the release of the following academic information on file at the Student Services Office(s) of The University of Winnipeg, including:

Academic Inquiries:

Final Grades:

- BUS-2002/3-475 Financial Accounting
- BUS-2819/3-475 Corporate Finance I

By signing this form, I am explicitly granting access to elements of my personal/academic information to the institution designated on this document. I have the right to rescind this permission at any time by making application in person to Shauna MacKinnon (email: s.mackinnon@uwinnipeg.ca). It is my responsibility to become familiar with The University of Winnipeg's policies and read the Freedom of Information and Protection of Privacy Act (FIPPA) www.uwinnipeg.ca/index/admin-fippa.

Signature of Student: _____ **Date:** _____