



# THE UNIVERSITY OF WINNIPEG

## Authorization for Release of Information

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

This authorization is for valid for

A) the following **terms** (maximum 3): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

*\*\*A new form must be completed for each academic year.\*\**

This form is to authorize the release of the following academic and/or financial information on file at the Student Services' office(s) of The University of Winnipeg, including:

**Admissions:**

Application for Admission status

**Academic Inquiries:**

Current student status (Full/Part-time status, Regular/Probation/Suspension status, etc.)

Current course registration/schedule

Complete student academic history and graduation

Grades

**Financial Inquiries:** *\*Student must sign in front of Student Central staff\**

Amounts owing on my account

Payments made on my account (including scholarships)

Registration/Financial Statement(s)

Status of account (past due, registration cancelled, account sent to collection agency, etc.)

**OR**

B) one-time use on \_\_\_\_\_ (date) to perform the following task(s):

Process in-person registration, including permission to add/drop courses for the following term:  
\_\_\_\_\_

Order transcript(s)

Pick up transcript(s)

Order degree parchment

Pick up degree parchment

Order certified letter

Pick up certified letter

Order and pick up T2202a tax receipt(s) reprint(s) for year(s) \_\_\_\_\_

This information can be released to the following person(s) upon presentation of *photo identification* or via email (optional):

**Name of designate(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

By signing this form, I am explicitly granting access to elements of my personal/academic information to the person designated on this document. I have the right to rescind this permission at any time by making application in person to Student Central. 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](http://www.uwinnipeg.ca/index/admin-fippa).

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_