

THE UNIVERSITY OF WINNIPEG

Authorization for Release of Information

| Stude | ent Name: | Student Number: |
|--|---|--|
| This authorization is for valid for A) the following terms (maximum 3):,,,, | | |
| | orm is to authorize the release of the followt Services' office(s) of The University of | owing academic and/or financial information on file at the f Winnipeg, including: |
| Admis | ssions: Application for Admission status | |
| Acade | cmic Inquiries: Current student status (Full/Part-time status Current course registration/schedule Complete student academic history and Grades | atus, Regular/Probation/Suspension status, etc.) graduation |
| 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 | e-time use on | (date) to perform the following task(s): |
| | Process in-person registration, including | g permission to add/drop courses for the following term: |
| | Order transcript(s) Order degree parchment Order certified letter Order and pick up T2202a tax receipt(s) | ☐ Pick up transcript(s) ☐ Pick up degree parchment ☐ Pick up certified letter ☐ reprint(s) for year(s) |
| This information can be released to the following person(s) upon presentation of <i>photo identification</i> or via email (optional): | | |
| Name | e 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. | | |
| Sign | ature of Student: | Date: |