

# Authorization for Release of Information

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

This authorization is for valid for  
A) the following term (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: