



Release of Information Consent Form

Registrar's Office · 62 York St, Sackville NB E4L 1E2 · Ph: (506) 364-2269 · Fax: (506) 364-2272 · regoffice@mta.ca

Last Name	First /Preferred Name	E-mail Address	Phone Number	Student ID #
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I hereby grant permission to Mount Allison University to release the following information to the person(s) named below:

PERMISSION IS GRANTED TO RELEASE THE FOLLOWING INFORMATION TO CATH () T; c (do) (es) (not)