**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Last/Family Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
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<tr>
<th>MRU Student ID:</th>
<th>Date of Birth: Day</th>
<th>Month</th>
<th>Year</th>
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<tr>
<th>MRU Email:</th>
<th>Phone (cell):</th>
<th>Phone (home):</th>
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Current Program:

I authorize the release of information regarding my student record with the individuals I have provided below. It is understood that by signing below, I hereby waive any and all claims in connection with their communication.

Please check any of the boxes which describe the type of information you would like released. Clearly write the name of the individual you want the information released to.

- [ ] Application Status
  Release of information regarding the status of my current application
  Release of Information to: _______________

- [ ] Academic Record & Registration
  Release of information: [ ] Academic Standing [ ] Course Registration and Credits [ ] Program [ ] Student Status [ ] Transcripts
  Release of Information to: _______________

- [ ] Financial Aid Information
  Release of information pertaining to my scholarships, bursaries, awards and student loans
  Release of Information to: _______________

- [ ] Tuition
  Release of information pertaining to my financial account
  Release of Information to: _______________

- [ ] Complete Release of Information
  Release of information pertaining to my application status, academic record & registration, financial aid information and tuition
  Release of Information to: _______________

This release is valid:
- [ ] From date signed until (dd/mm/yyyy) ___________________________ OR [ ] From date signed until academic credential received

I understand that I may withdraw or revoke this release of information in writing at any time.

Please submit completed form to the Office of the Registrar. You may mail your request to the Office of the Registrar at 4825 Mount Royal Gate, SW; Calgary, AB; T3E 6K9 or by fax at 403.440.6740. Please allow three to five business days for processing.

**Freedom of Information and Protection of Privacy:** The personal information you provide on, or with, this form is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act in the Province of Alberta. This information will be used for academic administration, the administration of Mount Royal support services, scholarship and financial aid awards, marketing and recruitment activities and in compliance with data sharing agreements with the Students Association of Mount Royal. Further information is available in the Mount Royal calendar and at mtroyal.ca. Questions can also be directed to the Office of the Registrar at 4825 Mount Royal Gate, SW; Calgary, AB; T3E 6K9 or by phone at 403.440.3435.

<table>
<thead>
<tr>
<th>STUDENT SIGNATURE:</th>
<th>DATE:</th>
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<th>DATE RECEIVED:</th>
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Initials: ___________________________