

**STUDENT INFORMATION**

Last/Family Name:			First Name:			Middle Name:						
MRU Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth: Day	<input type="text"/>	Month	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MRU Email:				Phone (cell):				Phone (home):				
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 6K6 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 mroyal.ca. Questions can also be directed to the Office of the Registrar at 4825 Mount Royal Gate, SW; Calgary, AB; T3E 6K6 or by phone at 403.440.3435.

**STUDENT SIGNATURE:**

**DATE:**

**DATE RECEIVED:**

Initials: \_\_\_\_\_