



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 #
-----------	-----------------------	----------------	--------------	--------------

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 THE PERSON(S) NAMED BELOW: