

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"/>
MRU Email:			Phone (cell):			Phone (home):					
Current Program:											

I authorize the release of information regarding my student record to 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 that 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 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: _____
- Student Status Information**
Enrolment Services can release information on my: program student status (FT/PT) course registration and credits
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 Continuing Education Registration. You may mail your request to Continuing Education Registration at 4825 Mount Royal Gate, SW; Calgary, AB; T3E 6K6 or by fax at 403.440.6743. Please allow three to five business days for processing.

Freedom of Information and Protection of Privacy: The information that you provide to the Faculty of Continuing Education and Extension at Mount Royal University is collected under the authority of the Post-Secondary Learning Act and Freedom of Information and Protection of Privacy Act in the Province of Alberta, Section 33(c). This information will be used for academic administration, the administration of Mount Royal support services, scholarship and financial aid awards, and marketing and recruitment activities. Your personal information is protected and can be reviewed upon request subject to the provisions under the Act. The complete statement and further contact information is available at conted.mtroyal.ca/cefoip.

STUDENT SIGNATURE:

DATE:

DATE RECEIVED:

Initials: _____