

# CONSENT FOR RELEASE OF INFORMATION

This form is normally used when a student is away for a period of time or to provide access to a sponsoring agency.  
This form is not to be used by law firms seeking a release of student records or for access to information requests.

Student's Full Legal Name: \_\_\_\_\_

UFV student number	Date of birth	Email Address
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I authorize the University of the Fraser Valley to release information to the following institution, agency or person:

**Name:** \_\_\_\_\_

*(To obtain information, an institution will be required to provide a request on official letterhead. An individual will be required to provide photo ID.)*

I authorize the above named institution/agency/person access the following information:

**Admission information**

**Academic status**

**Enrolment status**

**Grades**

**Registration information (including current registration status)**

**Student account information**

**Tuition and fee assessment**

I authorize the above named institution/agency/person to perform the following transactions on my behalf:

**Add/drop courses**

**Order transcripts/Enrolment letters**

**Other (specify)** \_\_\_\_\_

This release is valid for a maximum of one year from the date of signature, or until:

Y Y Y Y | M M M | D D

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only in reference to support the release of information on a student record. If you have any questions about the collection and use of this information, contact the Enrolment Manager at 604-854-4501 or [reginfo@ufv.ca](mailto:reginfo@ufv.ca)

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_