

REQUEST FOR NON-DISCLOSURE OF PUBLIC INFORMATION



Office of the Registrar

604.854.4501

Toll Free: 1.888.823.8734

Fax: 604.853.0138

I hereby request the University of the Fraser Valley to withhold the following personal and academic information about me:

Name, program, dates of semesters attended, diploma or certificate awarded

I understand that there may be situations where it would be to my advantage for the University to release this information (e.g. emergencies, information for prospective employers, membership list for the Student Union Society). Nevertheless, I take full responsibility for the consequences of non-disclosure.

This request is valid for the following semester: _____
Specify term and year (e.g. Fall 2013)

UFV student number 		Student's full legal name	
Mailing address (street number, street)			
City or Town	Province	Country (if not Canada)	Postal code
Home telephone number	Alternate phone number	Email	
Signature		Date 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 for the administration of academic programs and providing educational and related support services. If you have any questions about the collection and use of this information, contact the Enrolment Services Coordinator at 604-854-4501 or reginfo@ufv.ca