



3rd Party Waiver/Release of Information Form

Students may authorize a third party to access information on their behalf by completing this form.

Student Name (please print legibly) First Name: _____

Last Name : _____ Student Number: _____

Part I – Student Information

I authorize (print name of person/agency here) _____ access to the following information:

- Course Information (including grades)
- Registration Information (including current registration status)
- Tuition & fees
- Other (Specify) _____

Part II – Student Transactions

I authorize (print name of person/agency here): _____

To carry out the following transactions on my behalf:

- Add/Drop courses
- Pay Fees
- Order/Pick up transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- Other (Specify) _____

Part III – Duration

This waiver will be valid for the following period:

From: **Date** (day/month/year) _____ To: **Date** (day/month/year) _____

Access to online fee payment and registration services is controlled through each student's User ID and PIN (password). It is the responsibility of each student to control access to their PIN and under no circumstances will a student's PIN be released to a third party, even in cases where a third party waiver has been signed.

Student Signature _____

Date _____

Office Use Only

Date Received: _____ Received by: _____

Date Entered: _____ (day/month/year) Revised March/09