



FACULTY OF GRADUATE STUDIES  
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**FACULTY OF GRADUATE STUDIES GRADUATE STUDENT AUTHORIZATION FOR THE  
RELEASE OF CONFIDENTIAL INFORMATION**

**Family Name:** \_\_\_\_\_  
*(please print)*

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

**Student Number:** \_\_\_\_\_  
*(if available)*

**I authorize the Faculty of Graduate Studies to provide the following information:**  
*(e.g. Application and Admission information; Enrolment information; etc.)*

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**To:** \_\_\_\_\_  
*(e.g. Agent or Family Member)*

**Contact information for Agent or Family Member (Mailing Address and e-Mail):**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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