FACULTY OF GRADUATE STUDIES
1812 Sir Isaac Brock Way
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: http://www.brocku.ca/gradstudies/

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

Family Name: _____ **Given Name: _____**
(***please print***)

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.)

_____

_____

_____

_____

To: _____
(e.g. Agent or Family Member)

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

_____

_____

_____

_____

_____

Student Signature: _____ Date: _____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario,