

Consent to Release Personal information

Waterloo Student Number: _____

Student name (please print): _____

University of Waterloo Program: _____

I, _____ hereby authorise the University of Waterloo Undergraduate Admissions department to release information regarding my application to the parties listed below.

This information may be released to:

Full name (please print):

Position / Title:

Company / Organisation:

Mailing address:

Tel:

Fax:

Email:

www:

This authorization is valid until _____09/02/2016_____ (mm/dd/yyyy) period from the date of the signature.

Date: _____

Student Signature

Signature of Witness

Name of Witness (please print)