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| **VIU%20logo_1** | Vancouver Island University  Authorization for Release of Information |

Vancouver Island University

900 Fifth Street

Nanaimo, BC V9R 5S5

You are hereby authorized to release to:

<insert name and address>

on my behalf, such information as may be required from educational records during my attendance at Vancouver Island University from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This will release Vancouver Island University from any legal liability that may arise from the release of the requested information.

Dated this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2013.

Signature

Name:

Student #:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: