

Authorization to Release Information & Proxy Consent Form

The University is committed to protecting the privacy of your student record. Personal information collected is kept confidential. We will not release any information pertaining to your student record without your prior written consent.

By submitting your consent in advance using this form, you can authorize one or more persons (third parties) to access your information, to obtain documents, and/or to complete transactions on your behalf as a proxy.

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Previous Name(s): (if applicable) _____

Student Number: (leave blank if unknown) _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

AUTHORIZATION AND CONSENT

I, _____, hereby authorize and consent to the following:
(please check all that apply)

- Brandon University may release admission information to the party(ies) indicated below.**
(may include admission application, supporting documents, admission status, etc.)
- Brandon University may release academic information to the party(ies) indicated below.**
(may include registration status, courses registered, grades, academic standing, etc.)
- Brandon University may release financial information to the party(ies) indicated below.**
(may include balance owing, payment history, details of charges applied, etc.)
- The party(ies) indicated below may act as proxy on my behalf with Brandon University.**

AUTHORIZED PARTY(IES)

Name: _____ Relation/Organization: _____

Name: _____ Relation/Organization: _____

Name: _____ Relation/Organization: _____

AUTHORIZATION AND CONSENT DURATION

This form will remain in effect as indicated below (check appropriate option):

- Valid until the end of the current academic year (August 31)
- Expires on the following date (MM/DD/YYYY): ____/____/_____

Consent can be revoked at any time. Contact the Registrar's Office (registrar@brandonu.ca) for details.

EXCEPTIONS

If you do not wish to authorize the above-indicated party(ies) to access your entire record or to act as a proxy on all matters, indicate any exceptions below (e.g. fees, grades, summer registration, etc.):

SIGNATURE & SUBMISSION

Applicant/Student Signature: _____ **Date (MM/DD/YYYY):** ____/____/_____

This form must be completed and signed by the applicant/student and returned to the appropriate office.

- For applicants who have applied but not yet received an admission decision:
Admissions Office – admissions@brandonu.ca or Room 104, A.E. McKenzie Building
Photo identification must be supplied at the time of request.
- For students who have been admitted to Brandon University (whether actively attending or not):
Financial & Registration Services Office – finreg@brandonu.ca or Room 216, Clark Hall
Electronic requests must be submitted by BU email. Students submitting requests in person must supply photo identification.

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The Brandon University Act. The information you provide will be used by the University for the purpose of producing your consent request. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Officer (tel. 204-727-9707) or email admin.finance@brandonu.ca.

This document is available in alternate formats upon request. Contact the Registrar's Office at registrar@brandonu.ca or 204-727-9738.