



**BRANDON
UNIVERSITY**

RELEASE OF INFORMATION

*Please complete and return to Financial & Registration Services
2nd Floor Clark Hall, Brandon University*

**Financial & Registration
Services**

Phone: (204) 727-9699
Fax: (204) 726-4573
Email: finreg@brandonu.ca

Date: _____

Student Number: _____

I, _____
(please print name)

authorize Brandon University to release the following information
regarding my program of study at Brandon University:

_____ **academic information**

_____ **financial information**

to the following individual or organization: *(please print clearly)*

Name: _____

Address: _____

_____ **Valid until withdrawn by student**

_____ **Expires:** _____
(MM/DD/YYYY)

Student Signature

270-18th Street
Brandon, Manitoba
Canada R7A 6A9

www.brandonu.ca