



# RELEASE OF INFORMATION

## Admissions and Records Department

Complete the form in dark black or blue ink and submit to any A&R office. Please allow five business days for preparation of information.

<b>Abbotsford</b> 33844 King Rd Abbotsford, BC V2S 7M8	<b>Chilliwack</b> 45635 Yale Rd Chilliwack, BC V2P 6T4	<b>Hope</b> 1250 7th Ave Hope, BC V0X 1L4	<b>Mission</b> 33700 Prentiss Ave Mission, BC V2V 7B1
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Note: If a statement of final grades or documentation of a credential is required, you must order an official transcript at your own expense.

604.854.4501  
Toll Free: 1.888.823.8734  
Fax: 604.853.0138

UFV student number 	Student's full legal name		
Birthdate Y Y Y Y   M M M   D D	Former surname (if applicable)		
Daytime telephone number		Email address	

### STATEMENT OF RELEASE

I authorize employees of the University of the Fraser Valley to release information to the following institution, agency or person:

**Name:** \_\_\_\_\_  
*(To obtain information, an institution will be required to provide a request on official letterhead. An individual will be required to provide photo ID.)*

The information I authorize University of the Fraser Valley employees to release is checked off as follows:

- My program and application information**  
*(includes information about application for admission)*
- My enrolment status for the \_\_\_\_\_ semester.**  
*(includes courses for the semester indicated above)*
- My full permanent academic record**  
*(includes grades, GPA and academic standing)*
- My student account balance**  
*(includes any outstanding balances, fines and account holds)*
- Any and all aspects of my financial aid and awards status at UFV**  
*(includes any loans, bursaries, scholarships and emergency fund requests)*
- Other:** \_\_\_\_\_

This release is valid for a maximum of one year from the date of signature, or until: Y Y Y Y | M M M | D D

*UFV student records are confidential and are not released without the written consent of the student, unless otherwise required by law. Your signature on this form allows your selected information to be released only to the specified institution and/or individual.*

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** Y Y Y Y | M M M | D D

FOR OFFICE USE ONLY

LABEL

*Revised - 11/23/2010*