

RELEASE OF INFORMATION



Complete the form in **dark blue or black ink** and submit to any Office of the Registrar. Please allow five business days for preparation of information.

Note: If a statement of final grades or documentation of a credential is required, you must order an official transcript at your own expense.

Office of the Registrar

Abbotsford 33844 King Rd Abbotsford, BC V2S 7M8	Chilliwack at CEP 45190 Caen Ave Chilliwack, BC V2R 0N3	Hope 1250 7th Ave Hope, BC V0X 1L4	Mission 33700 Prentis Ave Mission, BC V2V 7B1
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604.854.4501
Toll Free: 1.888.823.8734
Fax: 604.853.0138

PERSONAL

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

