

RELEASE OF INFORMATION

The British Columbia Freedom of Information and Protection of Privacy Act provides that UFV may not release any information pertaining to student records, to anyone other than the student without the student's consent. UFV does not normally allow any person other than the student to conduct student related business.

Student's Full Legal Name (please print): _____

UFV student number 	Date of birth	Email Address
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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.)

I authorize the above named institution/agency/person access and pick up to the following information:

- Academic status**
- Enrolment status information**
- Grades**
- Registration information (including current registration status)**

I authorize the above named institution/agency/person access to the following information:

- Student account balance**
- Tuition and fees assessment**

I authorize the above named institution/agency/person to perform the following transactions on my behalf:

- Add/drop courses**
- Pay fees**
- Order transcripts**
- Other (specify)** _____

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 and authorizes the specified institution/agency/person above to conduct business on your behalf. UFV considers a falsified form as fraud.

FOR OFFICE USE ONLY



STUDENT'S SIGNATURE: _____

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