

Release of Information Form

Full Legal Name: _____ Student ID: _____

Email: _____ Phone #: _____

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 residence application information

My residence account balance

My residence discipline record

Any and all aspects of my resident record

Other (Please specify): _____

This release is valid for a maximum of one year from the date of signature, or until : _____

UFV residents' 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.

Signature of student

Date

Please return completed form to Residence Services front desk