

Enrolment Information Release Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registrar@msvu.ca

This form must be completed by the student in order for a parent or additional persons, other than the student, to have access to that student's enrolment information, such as, but not limited to:

- Admission Status
- Program of Study
- Academic Standing
- Year Level
- Transcripts
- Class schedule
- Grades

This information will only be provided to the person(s) listed below upon presentation of valid photo ID at the Registrar's Office Service Counter. Written requests signed by the authorized person will also be considered. Please note that it is not University policy to provide any information over the phone. Students will also be notified when an external request for information is made.

The completed form must be returned to the Registrar's Office (Evaristus Service Counter or fax to 902-457-6498) in order to be considered in effect.

Student ID# Last Name First Name(s)

Apartment/Street Town/City Province Postal Code

Date of Birth (_____) Phone Number Mount Email Address

I agree that (please list all that apply)

Name Relationship to student Signature

Name Relationship to student Signature

Name Relationship to student Signature

has/have permission to have any and all enrolment information that they request about my student account at Mount Saint Vincent University.

Please note that this permission will remain in effect until I submit a written request to the contrary.

Student Signature

University Authorization

Date

Date