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Student Information Release Form

Registrar's Office Halifax NS B3M 2J6 Phone (902) 457-6117 FAX (902) 457-6498 registration@msvu.ca Financial Services
Halifax NS B3M 2J6
Phone (902) 457-6277 FAX (902) 457-6498
financial.services@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 and financial information, such as, but not limited to:

- Admissions status
- Financial standing
- 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 or Financial Services 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 or the Financial Services 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	<u> </u>	Relationship to student	 Signature	
Name		Relationship to student	Signature	
Name	<u></u>	Relationship to student	Signature	
☐ any and all	n to have (check all that a enrolment information financial information	apply):		
		at Mount Saint Vincent University. n effect until I submit a written reque	est to the contrary.	
Student Signature		 University Au	thorization	
Date		 Date		