AUTHORIZATION

The University of New Brunswick operates under the Right to Information and Protection of Privacy Act (RTIPPA) and accordingly will not release application/admission information to anyone other than the applicant without expressed written permission from the applicant.

If the applicant chooses to authorize the University to release admission/application information to an individual, the applicant must complete this form.

I authorize the University of New Brunswick's School of Graduate Studies to release my application/admission information to the individual indicated below. If you would like to provide consent to multiple individuals, please complete a form for each person. The below signed individual may provide and/or obtain all information related to my application/admission:

FULL NAME	
(please print)	
EMAIL	PHONE

STATUS OF APPLICATION/ADMISSION

Application/admission information consists of items such as status of application including:

Status of supporting documents received, reason admission offered/denied, response to offer of admission, and academic program.

This authorization is valid for the application/admission process only and is in effect until I enroll/register in classes or I withdraw my authorization, in writing, to the University of New Brunswick.

APPLICANT/STUI	DENT	NAME
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(Please use the name on your application)

STUDENT or APPLICATION #

SIGNATURE

UNB must receive the signed form by mail before releasing information or by email directly from the email associated with the submitted application for admission.

PLEASE MAIL FORM TO:

PLEASE EMAIL FORM TO: gradschl@unb.ca

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UNIVERSITY OF NEW BRUNSWICK