



# Release of Information Consent Form

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| Last Name | First /Preferred Name | E-mail Address | Phone Number | Student ID # |
|-----------|-----------------------|----------------|--------------|--------------|
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I hereby grant permission to Mount Allison University to release the following information to the person(s) named below:

**PERMISSION IS GRANTED TO RELEASE THE FOLLOWING INFORMATION TO CATH ( ) T; c (do) (es) (not)**