

UNIVERSITY *of* GUELPH

STUDENT FINANCIAL SERVICES

RELEASE OF INFORMATION FORM

I, _____, _____,
Name of Student (please print) Student ID #

give permission for _____,
Name of Person(s) Relationship to Student (please print)

to have access on my behalf regarding my student financial account, during my duration at the University of Guelph.

Once this document has been submitted it will be considered legally binding and kept on file at the University of Guelph, Student Financial Services' main office. If you (the student) wish to withdraw the consent at any time, you (the student) must contact Student Financial Services directly to have your information updated.

Student's Signature

Date

**Please fax completed form to 519-823-9421 or
email a scanned copy (from your @uoguelph.ca) to
accountquestions@registrar.uoguelph.ca**