University of Regina

JOHNSON-SHOYAMA GRADUATE SCHOOL OF PUBLIC POLICY

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ _____

First and Last Name Student Number (if known)

_____

Address

_____ _____

Telephone E-mail

_____

Date of Birth (DD/MM/YY)

HEREBY AUTHORIZE THE Faculty of Graduate Studies and Research at the University of Regina to share my academic record, including admission application, with the College of Graduate Studies and Research at the University of Saskatchewan.

I also consent to the disclosure of all information concerning and/or relating to my admission application and academic record to the Johnson-Shoyama Graduate School of Public Policy.

_____ _____

Signature Date