



SCHOOL OF ENGINEERING/ECOLE D'INGENIERIE

Student Permission to Disclose Academic Information\*

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

I, \_\_\_\_\_, give permission to the University of Guelph, School of Engineering to disclose my academic information and to discuss my academic options with the individuals listed below (please print):

FIRST NAME

LAST NAME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: This will be kept on file for one year from the date signed. You can revoke these permissions at any time.

\*"Academic Information" includes but is not limited to grades, academic standing, enrolment status and course selection