



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 THE UNIVERSITY OF NEW BRUNSWICK (UNB) FOR THE PURPOSES OF RESEARCH AND STATISTICAL ANALYSIS. PERMISSION IS GRANTED TO RELEASE THE FOLLOWING INFORMATION TO THE UNIVERSITY OF NEW BRUNSWICK (UNB) FOR THE PURPOSES OF RESEARCH AND STATISTICAL ANALYSIS.