

Applicant Information (Please Print)

Last Name		First Name		Middle Name
Application/Student Number (if known)	Date of Birth (dd/mm/yyyy)	NSID (if known)		

I authorize the University of Saskatchewan to release information about my application for admission to the University of Saskatchewan to the following individuals/organizations. This permission applies only to the application for admission and extends only to the current application cycle. This authorization may be withdrawn at any time by signed written letter.

Release 1

Name		Relationship/Organization		
Address	City/Town	Province	Postal Code	
Telephone	Email			

Release 2

Name		Relationship/Organization		
Address	City/Town	Province	Postal Code	
Telephone	Email			

Release 3

Name		Relationship/Organization		
Address	City/Town	Province	Postal Code	
Telephone	Email			

This authorization allows release of information regarding my application for admission, including: (1) the status of the application as it is being processed; (2) whether documents and fees related to consideration of the application must be, or have been, submitted; (3) whether an admission decision has been made; and 4) other details pertaining to the consideration of my application for admission.

I agree that correspondence related to my file may be sent directly to this individual/organization, and that this individual/organization can advise the University of Saskatchewan about any changes to my contact information.

Signature of Applicant	Date (dd/mm/yyyy)
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Please return form to: