Authorization, Acknowledgment and Consent
McGill University

Admissions, Recruitment, and Registrar's Office
845 Sherbrooke Street West
Montreal, Canada
H3A 2T5

Term | | | | | | |

NAME _____
family/given names (please print clearly)

McGILL I.D. _____ **DATE OF BIRTH** _____
year/month/day

This agreement establishes your rights and responsibilities upon registration. Your use of McGill's Web Registration System (MINERVA) for subsequent registrations will be considered a continuation of the terms of the agreement established by this document.

1) **I hereby acknowledge that I am bound by and undertake to observe the statutes, rules, regulations and policies in place from time to time at McGill University and at the faculty or faculties in which I am registered, including those policies contained in the university calendars and related fee documents. I understand that my obligations as a student commence with my registration and terminate in accordance with the University's statutes, regulations and policies.**

2) Personal information is protected in the Province of Quebec by the Act Respecting Access to Documents held by Public Bodies and the Protection of Personal Information (the « Access Act »). The statute provides that McGill University can only release information contained in the student's file with the applicant's authorization or if specifically authorized by law.

   I authorize the University to r**elease my name, address, telephone number, e-mail address, date of birth, program and student status to the following persons and bodies:** Students and alumni who have volunteered to speak with admitted students; Student associations recognized by McGill University for the categories of students to which I belong; the McGill Alumni association; School(s) or college(s) that I have attended; Professional body or corporation; Libraries of other Quebec Universities with which McGill established reciprocal borrowing agreements (I.D. number and bar code may also be disclosed to such libraries); The appropriate authorities involved with external or internal funding of my fees. (Financial records may also be disclosed to such authorities.)

   I also authorize the University to release information to the following groups and organizations:

   - McGill Network & Communication Services for the purposes of listing my McGill email address in an on-line email directory.
   - The Association of Universities and Colleges of Canada
   - The Association of Registrars of Universities and Colleges of Canada and the Conférence des recteurs et des principaux des universités du Québec, or the member institutions of these organizations, for the purpose of admissions operations and the production of statistics.

   I may oppose the release of information by completing an opposition form at the Admissions, Recruitment and Registrar's Office, or Student Affairs Office, Macdonald Campus.

3) **Provide the Quebec Ministry of Education with information to create and/or validate my Permanent Code.**

4) If applicable, **obtain copies of my transcripts** from the Quebec Ministry of Education, the Ontario University Application Centre and/or the British Columbia Ministry of Education, as the case may be

5) If applicable, **make inquiries** to the Ministère des Relations avec les citoyen et de l'Immigration and/or the Régie de l'assurance-maladie du Québec to verify the validity of my immigration or health insurance status.

6) **Verify any information or statement provided as part of my application**, realizing that an admission granted based on information in my application or supporting documents that is incorrect or untrue may be revoked at the sole discretion of the University.

7) This Agreement is governed by the laws of the Province of Québec.

   Accordingly, the parties hereby confirm that they each require that this and all documents and notices in connection therewith be drawn up in English. *The following sentence is a French translation of the previous sentence.* Les parties reconnaissent par les présentes que chacune d'elles a exigé que cette convention et tout document ou avis y afférent soient rédigés en anglais.

For the Student

_____
Signature of Student date

and

_____
Signature of Parent or Guardian, if student is under 18 years of age date

PLEASE RETURN TO THE CENTRE FOR CONTINUING EDUCATION
688 SHERBROOKE ST. WEST, MONTREAL, QC, H3A 2T5