



Authorization for Release of Personal Information

In accordance with the Quebec *Act respecting Access to documents held by public bodies and the Protection of personal information*, McGill University is required to obtain consent from current and former students in respect of requests for the release of personal information.

Requestor Information

| | |
|---------------------------------|--|
| Name (Last/First): | McGill ID: |
| Maiden Name (if applicable): | Date of Birth: |
| Degree: | Year of graduation, or expected year: |

Current Email:

Third Party Information

| | |
|---|--|
| Company/ Institution Name (if applicable): | |
| Name (Last/First): | |
| Mailing Address: | |
| Telephone Number: | |
| Email: | |

Documents to Release

Check all that apply:

Official Transcript

Replacement Diploma

Certified Copy of Diploma

Certified Translation of Diploma

Consent

I (please print) _____, hereby authorize McGill University to release the above document(s) to the name/institution and address provided above.

Requestor Signature:

Date: