



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.

Student Information:

Last Name:	
First Name:	
Maiden Name (if applicable):	
McGill University Student ID:	
Date of Birth:	
If not currently registered at McGill University, specify degree and year of graduation:	

Third Party Information:

Company/Institution Name:	
Contact person's name (Last/First):	
Email Address:	
Mailing Address:	
Telephone Number:	

Consent :

I (please print) _____, hereby authorize McGill University to release information on my medical training to the name/institution and address provided above.

Student's Signature: _____ Date: _____