



University of Guelph
Student Housing Services

Consent to Release Information Form

I, _____ , _____ , give permission
Name of Student *Student Number*

for _____ , _____ ,
Name of Person(s) *Relationship(s) to Student*

to have access (on my behalf) to information regarding the following:

- Student residence application and deposit information
- Student special consideration request information
- Student room assignment, location and contact information
- Student conduct file (including incident reports, decision letters, appeals, etc.)

Please indicate whether you would like any of the above categories of information to be exempted from the agreement by circling the entire category/bulleted item.

During the Period of:

(Please select **one** of the following options)

My entire duration at the University of Guelph

_____ , _____ through _____ , _____
Month *Year* *Month* *Year*

Once this document has been submitted it will be considered legally binding and kept on file at the University of Guelph Student Housing Services' main office. If you (the student) wish to withdraw consent at any time, you (the student) must contact Student Housing Services directly so that they can update your information on file.

Student Signature

Date

Please fax completed forms to 519-767-1670 or mail to:

Residence Admissions
Student Housing Services - Maritime Hall
University of Guelph
50 Stone Road East
Guelph, Ontario, Canada N1G 2W1