



**Registrar's Office**  
**780 Argyle Street**  
**Peterborough, ON K9H 5T2**  
**Phone: (705) 749-0725; Fax: (705) 749-0417**  
**Website: www.mcs.edu**

**Release of Information Form**

I, \_\_\_\_\_, hereby authorize Master's College and  
Name of Student

Seminary to discuss my student file and my academic plans with \_\_\_\_\_

\_\_\_\_\_ so that they can assist me in planning my program  
Name(s)

at Master's. This information may not be released to any other parties without my written permission. This permission is in effect for the current year only.

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date

Once completed this Form can be faxed or mailed to MCS. Allow 7-10 days for processing.

<b>Office Use Only</b>
Date Requested Information Sent _____