



Registrar's Office
282 Cummer Avenue
Toronto, ON M2M 2E7
Phone: (416) 482-2224; Fax: (416) 482-7004
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:

Five horizontal lines for 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.

Office Use Only

Date Requested Information Sent _____