

AUTHORIZATION AND DIRECTION

TO: NAME

RE:

DATE:

I _____(name)_____ consent to you releasing my personal information or documentation relating to _____(describe)_____ to Ontario Tech University in connection with your Academic Grade Appeal in relation to _____. I recognize that Ontario Tech University has no obligation to me to keep such information confidential.

Dated at place, Ontario, this ____ day of _____, 2025.

Name:

Witness's Signature: