

## Graduate Studies - Applicant Information Release Form

School of Graduate and Postdoctoral Studies  
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Student ID \_\_\_\_\_

I \_\_\_\_\_  
(Please print full name)

hereby give consent and authorize the Ontario Tech University's School of Graduate and Postdoctoral Studies to release any and all information pertaining to my graduate application to the following person(s):

Name: \_\_\_\_\_

Relation/Organization Title: \_\_\_\_\_

Name: \_\_\_\_\_

Relation/Organization Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** If you are giving consent to a third party agency or agent, no fees will be paid by Ontario Tech University for any services provided to the applicant by the third party.

**THIS CONSENT WILL BE EFFECTIVE UNTIL SGPS IS NOTIFIED BY THE APPLICANT**