University of Regina

Registrar's Office

Third Party Authorization Form to Release Student Information

The University of Regina has information on file that is available only to you, as a student. This information can only be released with your written permission. You can use this form to authorize one or more persons (third parties) to access information about you, or to obtain documents or make transactions concerning you.

Please complete the form and send it from your @uregina.ca email address to uofr.transcripts@uregina.ca.

Student Information (Please Print)

Legal Surname	Legal First Name	Legal Middle Name(s)	U of R Student ID (9 digits)
Preferred name (if different from legal first name)	Previous name (if applicable)		Birthdate DD-MMM-YYYY

I authorize the University of Regina to release information as specified to the following individual/organization about my record(s) which directly pertains to the University of Regina.

Release 1

Name	Relationship/Organization	Expiry Date DD-MMM-YYYY
Purpose of Release ◯ Academic ◯ Financial ◯ Other - Specify Information authorized for release:		

Release 2

Name	Relationship/Organization	Expiry Date DD-MMM-YYYY
Purpose of Release ◯ Academic ◯ Financial ◯ Other - Specify Information authorized for release:		

Release 3

Name	Relationship/Organization	Expiry Date DD-MMM-YYYY
Purpose of Release ◯ Academic ◯ Financial ◯ Other - Specify Information authorized for release:		

By signing below I acknowledge that I have read and understand this document and authorize the University of Regina to release information to the above individuals/organizations. I also understand that this authorization will remain on file and will be valid for two years after I sign it unless an earlier expiry date has been indicated on this form. I also acknowledge that I may withdraw this authorization at any time by signed written letter.

Your personal information is collected under the authority of the University of Regina Act, and in accordance with the Local Authority Freedom of Information and Protection of Privacy Act (Saskatchewan) and the Personal Information Protection and Electronic Documents Act (Canada), for the purpose of third party authorization to release student information. If you have any questions about the collection, use, or disclosure of this information by the University, please contact the Head, Access to Information and Protection of Privacy, 306-585-5163.

Signature of Student	Date DD-MMM-YYYY

Please return form to:

Registrar's Office
University of Regina | 3737 Wascana Place | Regina, SK S4S 0S2 Canada
Email: uofr.transcripts@uregina.ca | Website: https://www.uregina.ca