



# UNIVERSITY OF SASKATCHEWAN

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_  
(First and Last Name)                      Student Number (if known)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone                                      E-mail

\_\_\_\_\_  
Date of Birth (DD/MM/YYYY)

HEREBY AUTHORIZE THE College of Graduate Studies and Research at the University of Saskatchewan to share my academic record, including admission application, with the Faculty of Graduate Studies and Research at the University of Regina.

I also consent to the disclosure of all information concerning and/or relating to my admission application and academic record to the Johnson-Shoyama Graduate School of Public Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date