



RELEASE OF INFORMATION FORM

By my signature and initials, I _____
Student Name (printed as it appears on student record)

hereby give my consent to allow _____
Full Name Printed and Signature

the release of any information pertaining to my:

(a) Academic Record and Progress _____ and / or
Student initials

(b) Financial Record _____
Student initials

Duration of Consent:

Expiry date of consent

Student initials

Relationship of Student to Person Receiving Consent of Information (Please circle)

- (a) Mother or Father
- (b) Guardian
- (c) Spouse
- (d) Other: _____
(please specify)

Signature of Student

Date

Student ID Number

Humber Institute Technology & Advanced Learning
North Campus
205 Humber College Blvd
Toronto, ON M9W 5L7

Lakeshore Campus
3199 Lakeshore Blvd West
Toronto, ON M8V 1K8