RELEASE OF STUDENT FINANCIAL INFORMATION FORM

Tyndale University keeps student information private in accordance with the Freedom of Information and Protection of Privacy Act. If you would like to authorize a third-party to have access (on your behalf) to information regarding your student account, please fill out the consent form below.

I, _____ _____

Full Name | Student ID

authorize the following individual(s) to communicate with the Student Financial Services Office at Tyndale University on my behalf regarding my student account:

(1) _____ _____

Name of Person | Relationship to Student

_____ _____

Telephone Number | E-mail Address

(for verification purposes only)

(2) _____ _____

Name of Person | Relationship to Student

_____ _____

Telephone Number | E-mail Address

(for verification purposes only)

If you (the student) wish to revoke this consent at any time, you (the student) must contact Student Financial Services directly to have your information updated.

Student Signature: _____ **Date:** _____

Please return the completed form to sfs@tyndale.ca

Student Financial Services
3377 Bayview Avenue | Toronto, ON M2M 3S4 | TEL: 416.226.6620 | www.tyndale.ca