



RELEASE OF STUDENT INFORMATION FORM

Office of the Registrar

3377 Bayview Avenue, Toronto, ON, M2M 3S4

Tel: 416.226.6620 ext. 6711 • Fax: 416.226.4210

Email: registration@tyndale.ca • Webpage: www.tyndale.ca/registrar

Tyndale University keeps student information private in accordance with the Freedom of Information and Protection of Privacy Act. If you would like information from your student file to be released from the Office of the Registrar, please fill out the consent form below.

I, _____
Full Name

(_____ ; _____)
Student Number Date-of-Birth (m/d/y)

hereby authorize the Office of the Registrar at Tyndale University

to release a copy of the following document(s) from my file:

(specify each document)

(specify each document)

I will pick up the copy of my document(s) from the Office of the Registrar when it is ready.

I can be notified at _____.
(email and/or phone number)

STUDENT'S SIGNATURE: _____

Date: _____

OFFICE OF THE REGISTRAR'S USE ONLY:

Received on:	Received by:
	Processed by:
	Ready for pick-up on: