UNIVERSITÉ Concordia UNIVERSITY

CONSENT TO RELEASE INFORMATION TO A THIRD PARTY

I	
	State name and ID number
authorize	
	Individual/Unit
to disclose	
	State precise personal information to which access is being requested. Attach separate sheet, if necessary.
to	
	Identify person or designated agent or agency to whom the information is to be released.
in the period	
	Provide date range for which permission will exist.

I declare that I have made this authorization voluntarily and the information on this form is true and correct.

Signature **Date**

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