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PERMISSION WAIVER FORM

	Drint name of norsen or	agency permitted to request information
	Print name of person of a	agency permitted to request information
This permission will	remain in effect until	
		Print date when permission expires
Student Number	Name	Program
	Signature	Date
Permission is granted	to share (check all that apply)	
Attendance Infor	rmation	
Final Grades		
Mid-Term or Ass	ignment Grades	
Financial Accoun	t Information	
Other (specify):		
College. I also unde	•	ed will be used for educational purposes at Assiniboine valid for the duration of the permission (as set above), and that
	_	Freedom of Information and Protection of Privacy Act. If you have rmation, please contact the Registrar at 204.725.8700, ext 6029.