



McMaster University – Undergraduate Admissions Office
Authorization of Information Release

Student Name: _____ ID#: _____

I authorize the following individual(s) to communicate with the Enrolment Services Admissions Office at McMaster University on my behalf:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The above signed individual(s) may provide and/or obtain information related to my **application for admission only**, however no changes will be made to my application except at my written and signed request.

I understand that I must advise the Enrolment Services Admissions Office if I wish to revoke this consent at any time.

Signature: _____ Date: _____

Please return this form to:

Enrolment Services Admissions Office
GH109 - 1280 Main Street West
Hamilton, Ontario Canada L8S 4L8
Fax: (905) 527-1105