

**STUDENT INFORMATION
DISCLOSURE FORM**

As per Section 21 (1) (a) of *the Freedom of Information and Protection of Privacy Act* (FIPPA), I authorize McMaster University to disclose any and all information regarding my application for admission to:

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| Name of individual to whom records may be disclosed |
|---|

who has the following relationship with me

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| Relationship |
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I acknowledge that this disclosure form will remain in effect until the first day of Fall Term classes of the year of my application or until I advise the Office of the Registrar at McMaster University, in writing, that I wish to revoke this consent for any reason.

| | |
|-------------------------------|-------------------|
| Student's Name (please print) | Student ID Number |
| Address | Telephone Number |

| | |
|---------------------|------|
| Student's Signature | Date |
| Witness's Signature | Date |

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University.