

# Consent to Disclose Personal Information

By signing this form, you authorize the release of your personal information by the school listed below to its designated third-party for the purpose of verifying your eligibility for an elective.

First Name

Last name

Campus

Email address

MINC/Student Number

Date of Birth

School Applying To

Intake (i.e. Winter, Summer, Fall)

Specialty/Sub-specialty applying For

International student

Yes

No

I understand the purpose for disclosing this personal information to a third-party.  
I understand that I can refuse to sign this consent form.

Signature

Date