

STUDENT INFORMATION DISCLOSURE FORM

As per Section 39(i) of the Freedom of Information and Protection of Privacy Act (FIPPA), I authorize Dr. Felicia Vulcu in the Department of Biochemistry and Biomedical Sciences at McMaster University to be a referee & disclose any personal and academic information regarding my University studies to:

Name(s) of individual/department to whom the reference may be disclosed:
(1)
(2)
(3)
(4)
(5)

who has the following relationship with me (e.g. Potential Medical School).

Relationship

I acknowledge that I will advise the office of Dr. Felicia Vulcu in the Department of Biochemistry and Biomedical Sciences at McMaster University, in writing, if I wish to revoke this consent for any reason.

Student's Name (please print)	Student ID Number
Address	Telephone Number and Email Address
Student's Signature	Date
Witness 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, 905-525-9140.