



**BRANDON
UNIVERSITY**

RELEASE OF INFORMATION

Please complete and return to Residence Hall Programs Office
Main Floor McMaster Hall, Brandon University

Date: _____ Student Number _____

I, _____ (please print name),
authorize Brandon University to release the following information
regarding my stay in residence at Brandon University:

____ Wellness Information

____ Financial Information

to the following individual or organization (Please print clearly):

Name: _____

Address: _____

____ Valid until withdrawn by student

____ Expires: _____
(MM/DD/YYYY)

**Residence Hall
Programs Office**

Phone: (204)727-7394
(204) 727-9761
Fax: (204) 727-4713

residence@brandonu.ca

270 18th Street
Brandon, Manitoba
Canada R7A 6A9

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Student Signature