



THOMPSON RIVERS
UNIVERSITY
OPEN LEARNING

RELEASE OF INFORMATION

Name: _____

TRU Student Number: _____

I hereby authorize the Financial Aid and Awards Office of Thompson Rivers University to release all information, including financial aid and academic information, to the following person without recourse:

Name: _____

Relationship: _____

Note: This waiver is in effect until the Financial Aid and Awards Office of Thompson Rivers University receives a request in writing by the student to cancel this authorization.

Signature: _____

Date: _____

Mail completed form to:

Thompson Rivers University, Open Learning
Attn: Financial Aid and Awards
900 McGill Road
Kamloops, BC V2C 0C8

or fax 250.371.5668