



THOMPSON RIVERS  
UNIVERSITY  
OPEN LEARNING

# RELEASE OF INFORMATION

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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