



**The University of Western Ontario
Division of Housing and Ancillary Services**

Release of Information Form

I, _____, _____,
Name of Student Student #
give permission for _____, _____,
Name of Person Relationship to Student

to have access on my behalf regarding:

PLEASE CHECK APPROPRIATE BOX(ES):

- | | |
|--|--|
| <input type="checkbox"/> Student Residence Fee Account | <input type="checkbox"/> Student Residence Placement Questionnaire |
| <input type="checkbox"/> Student Meal Plan Balance | <input type="checkbox"/> Student Special Needs Request Information |
| <input type="checkbox"/> Student Meal Plan History | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Incident Reports and Discipline | |

DURING THE PERIOD OF:

- My duration at The University of Western Ontario
- _____, _____ through _____, _____
Month Year Month Year

Student Signature

Date