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Authorization for Release of Personal Information

*In accordance with the Quebec **Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information**, McGill University is required to obtain consent from current and former students in respect of requests for the release of personal information.*

Student Information:

Last Name:	
First Name:	
Maiden Name (if applicable):	
McGill University Student ID:	
Date of Birth:	
If not currently registered at McGill University, specify degree and year of graduation:	

Third Party Information:

Company/Institution Name:	
Contact person's name (Last/First):	
Email Address:	
Mailing Address:	
Telephone Number:	

Consent:

I (please print) _____, hereby authorize McGill University to release information on my medical training to the name/institution and address provided above.

Student's Signature: _____ Date: _____