

Wilfrid Laurier University: Authorization of Information Release

The Faculty of Graduate and Postdoctoral Studies (al)3.B 10 3 (er)4 (s)0. istio (er)Ti8 (u)-0.4)1 (s)-1.,s(i)3lioerbEMC .7(i)3 Pt y o0.6d)-0.7 (t)27-f(t)2.6086
 they must email the form to gradadmissions@wlu.ca

- _____ from their personal email used for the application. If the completed and signed form has already been uploaded to LORIS, do not resend it by email.
- This Authorization of Information Release form cannot be verified without your Laurier Student ID number (9 digits) **do NOT** list your OUAC Reference Number.

Legal Family / Last Name:				Legal First & Middle Name:			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>			Date of Birth (YY/MM/DD):				
E-mail:		Area code & Phone Number:			Laurier Student ID# (see #3above)		
Unit/Apt./ P.O. Box:		Number and Street:					
City:		Province:		Postal Code:		Country:	
Unit/Apt./ P.O. Box:		Number and Street:					
City:		Province:		Postal Code:		Country:	

I authorize that the following individual(s) / agency may communicate with representatives of Wilfrid Laurier University on my behalf regarding my application for admission. The following individuals are further authorized to provide and/or obtain information related to my application for admission:

Have you contracted the services of an education agent?		Yes ___	No ___
Name of Education Agency:			