

Consent to Release Information

Graduate Tax Benefit Programs

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278

By completing this form you authorize any individual to call the Student Service Centre, on your behalf, regarding the status of your eligibility for the Graduate Retention Program (GRP).

By naming the individual below, Student Services will recognize that the named individual has your permission to contact this office for information pertaining to your graduate tax benefit.

This form is not intended to substitute for a Power of Attorney.

I, _____, _____, give
(Name of Graduate) (Social Insurance Number)

(Name of individual(s) you are authorizing to receive information on your behalf)

permission to access all my personal and financial information with regards to my graduate tax benefit authorized by the Ministry of Advanced Education. I understand that by signing this form, information may be released to the above noted party only after a full verification of my account information (Full Name, Date of Birth and Social Insurance Number) is completed.

If I choose to revoke this Consent to Release Information, I may do so at any time by submitting a written letter to Student Service Centre.

X _____
Signature of Graduate

Date