

**Office of the Registrar**

3377 Bayview Avenue, Toronto, ON, M2M 3S4

Tel: 416.226.6620 ext. 6711 • Fax: 416.226.4210

Email: [registration@tyndale.ca](mailto:registration@tyndale.ca) • Webpage: [www.tyndale.ca/registrar](http://www.tyndale.ca/registrar)

Tyndale University keeps student information private in accordance with the Freedom of Information and Protection of Privacy Act. If you would like information from your student file to be released from the Office of the Registrar, please fill out the consent form below.

I, \_\_\_\_\_  
Full Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Date-of-Birth (mm/dd/yyyy)

hereby authorize the Office of the Registrar at Tyndale University

to release a copy of the following document(s) from my file:

\_\_\_\_\_  
(specify each document)

\_\_\_\_\_  
(specify each document)

☐ I would like the copy of my document(s) to be emailed to

\_\_\_\_\_.

**OR**

☐ I will pick up the copy of my document(s) from the Office of the Registrar when it is ready.

I can be notified at \_\_\_\_\_  
(email and/or phone number)

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE OF THE REGISTRAR'S USE ONLY**

Received:

Processed by:

Received by:

Sent or picked up on: