



UNIVERSITY OF
KING'S
 COLLEGE • HALIFAX

Student Accounts
 6350 Coburg Road
 Halifax, Nova Scotia
 Canada, B3H 2A1
 Phone: (902) 422-1271
 E-mail: Accounts@ukings.ns.ca
 WWW: www.ukings.ns.ca

**Freedom of Information and Protection of Privacy
 Release Form**

Student Name: _____

Student ID#: _____

I wish to grant permission for financial information to be released to a third party or parties named therein as:

This authorization will remain in place until you contact Student Accounts to have it removed.

For more information on the process of granting and terminating third party access to your financial information please visit "Current Students" at www.ukings.ns.ca.

Current Address:

Telephone: _____

 Student's Signature

 Student Accounts Officer Signature