



## ***RELEASE OF INFORMATION CONSENT FORM***

I hereby release from liability the Dean of Medicine's Office, the College of Medicine, and the University of Saskatchewan, in providing information in good faith and without malice concerning my undergraduate education.

I hereby consent to the release of such information.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_